

Hearing Date and Time: December 16, 2010 at 10:00 a.m. (prevailing Eastern time)

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Chicago, Illinois 60606
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John K. Lyons
Ron E. Meisler

- and -

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Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors

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DPH Holdings Corp. Legal Information Website:
<http://www.dphholdingsdocket.com>

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----- x
In re : Chapter 11
: .
DPH HOLDINGS CORP., et al. : Case Number 05-44481 (RDD)
: .
: (Jointly Administered)
Reorganized Debtors. : .
: .
----- x

REORGANIZED DEBTORS' SECOND SUPPLEMENTAL REPLY TO
SUPPLEMENTAL RESPONSE OF CLAIMANT TO DEBTORS'
OBJECTION TO PROOF OF CLAIM NUMBER 1294 FILED BY
OHIO BUREAU OF WORKERS' COMPENSATION

("SECOND SUPPLEMENTAL REPLY REGARDING CLAIM
FILED BY OHIO BUREAU OF WORKERS COMPENSATION")

DPH Holdings Corp. and its affiliated reorganized debtors in the above-captioned cases (together with DPH Holdings Corp., the "Reorganized Debtors") hereby submit the Reorganized Debtors' Second Supplemental Reply To Response Of Claimant To Reorganized Debtors' Objections To Proof of Claim Number 1294 Filed By Ohio Bureau Of Workers' Compensation, and respectfully represent as follows:

DISCUSSION

1. On December 6, 2010, the Reorganized Debtors filed the Reorganized Debtors' Supplemental Reply To Supplemental Response Of Claimant To Reorganized Debtors' Objections To Proof of Claim Number 1294 Filed By Ohio Bureau Of Workers' Compensation (Docket No. 20997) (the "Supplemental Reply"). In the Supplemental Reply, the Reorganized Debtors requested that the Court disallow the Proof of Claim¹ because all of the Debtors' prepetition obligations on account of workers' compensation have been paid in full. (Supplemental Reply ¶¶ 15-16.) In its Response Of The Ohio Bureau Of Workers' Compensation To Reorganized Debtors' Supplemental Reply To Response Of Claimant To Debtors' Objection To Proof Of Claim Number 1294 Filed By Ohio Bureau Of Workers' Compensation (Docket No. 21003) (the "Supplemental Response"), however, the Bureau contends that "there are unpaid assessments which are capable of concrete calculation, and there will be future assessments." (Supplemental Response ¶ 2.) The Bureau does not provide any further detail as to the assessments that it believes to be owed, but the Bureau can only be referring to assessments levied after the Effective Date. Attached as Exhibit A hereto are copies

¹ Capitalized terms used but not otherwise defined herein shall have the meaning ascribed in the Supplemental Reply.

of all of the checks issued by the Debtors to the Bureau and the corresponding invoices from the Bureau.

2. As to any post-Effective Date assessments, the Supplemental Reply described the overwhelming weight of authority, including this Court's recent ruling on the substantially similar Michigan Funds Administration claim, that treats annually assessed taxes as separate claims that arise each year. (Supplemental Reply ¶¶ 18-19.) Nonetheless, the Bureau summarily dismisses the majority view, observing that "the income and sales excise taxes cited in the Supplemental Reply arise based upon the underlying income earned or sales generated in the respective period."² (Supplemental Response ¶ 3.) Of course, the precise subject matter of an excise tax is not dispositive here. The appropriate test to determine whether a tax assessment of any type constitutes a new claim or relates back to an existing claim turns on whether the taxes arise annually or accrue on a continuous basis. See In re Sage-Dey, Inc., 170 B.R. 46, 50-51 (Bankr. N.D.N.Y. 1994).

3. The Bureau instead weds itself to the unpublished decision In re Belden Locker Co., No. 06-60316, 2008 WL 762243 (Bankr. N.D. Ohio Mar. 21, 2008), because that case specifically addresses the type of workers' compensation assessments asserted in the Proof of Claim. As discussed in the Supplemental Reply, the reasoning in Belden Locker is unsound and should not be adopted here. (Supplemental Reply ¶ 20-21.) In particular, Belden Locker fails to even mention the legal authorities adhering to the majority view that annually assessed

² The Bureau also seeks to distinguish the cases cited by the Reorganized Debtors by noting that the Proof of Claim was timely filed. No doubt, the Proof of Claim was filed before the bar date for prepetition claims. But to the extent that the Bureau is also seeking to assert a separate claim for postpetition or post-Effective Date assessments, such claim is untimely. The final bar date to assert administrative expense claims against the Debtors was November 5, 2009. (Modified Plan § 10.5.)

taxes constitute separate claims or the mechanics of how assessments are calculated and levied under Ohio law.

4. Rather, the analysis in Belden Locker hinged on the bankruptcy court's incorrect and incomplete understanding that claims for assessments, like insurance-premium payments, arise simply by virtue of having employees prior to the petition date. Premium and assessment claims, however, arise out of different circumstances: premium claims against state-insured employers arise as a result of having employees during a specified coverage period and assessment claims against self-insured employers arise on an annual basis based upon workers' compensation payments made during the previous calendar year. Moreover, even in the context of claims for premium payments, the mere fact of having employees does not create springing future claims for premiums for periods beyond the coverage period. Claims for workers' compensation insurance premiums arise as a result of having employees during the particular period of insurance coverage because the employees contemporaneously receive the benefit of the coverage; it does not impose an obligation upon the employer to pay premiums for subsequent periods. Surely the Bureau cannot be arguing that, in the event of an intervening bankruptcy filing, the prepetition act of employment would convert premiums for postpetition insurance coverage into prepetition claims while the employer continues to operate as a debtor-in-possession. To the contrary, postpetition premiums would constitute separate claims entitled to administrative-expense priority under section 503(b) of the Bankruptcy Code.

5. Likewise, separate assessment claims arise each year.³ In an apparent attempt to give its claim for future assessments some form of continuity between prepetition

³ Inexplicably, the Belden Locker court did not discuss section 4123.35(J) of the Ohio Revised Code, which clearly imposes an assessment each year on an employer primarily based upon workers' compensation payments
(cont'd)

employment and the workers' compensation payments used to calculate subsequent assessments, the Bureau indicates that assessments are "owed to [the Bureau] on account of actual and projected injuries that occurred while the Debtor enjoyed the benefits of self-insured status."⁴ (Supplemental Response ¶ 1.) This description is imprecise, at best. Subject to certain adjustments not germane here, Ohio workers' compensation assessments are levied each year against a self-insured employer based upon (1) the "total amount of paid compensation for the previous calendar year attributable to all amenable self-insuring employers" and (2) the "total amount of paid compensation for the previous calendar year that is attributable to the individual self-insuring employer."⁴ OHIO REV. CODE ANN. § 4123.35(J). Total compensation paid by the Debtors in a calendar year is comprised of payments relating to both prepetition and postpetition injuries—although never "projected injuries." Thus, while the date of injury determines when a claim arises for workers' compensation benefits, In re Olga Coal Co., 194 B.R. 741, 746 (Bankr. S.D.N.Y. 1996), the date of injury is irrelevant for purposes of determining when a claim arises for workers' compensation assessments.⁵

6. Given Ohio's clear statutory calendar-year assessment framework, the Bureau's view that future assessments should relate back to the prepetition time of employment is without merit. Taken to its logical conclusion—as discussed above in the context of insurance

(cont'd from previous page)

made by the individual self-insuring employer and other participating employers during the previous calendar year.

⁴ A third variable factor is the Bureau's discretionary determination of the total assessments and administrative costs for the year the assessments are being levied. OHIO REV. CODE ANN. § 4123.35(J)(1).

⁵ Indeed, any future assessments that the Bureau might seek to levy against the Reorganized Debtors would benefit only the Bureau itself, and not the Debtors' former employees who are entitled to workers' compensation benefits as a result of their injuries. Employers no longer operating as self-insurers in Ohio—like the Reorganized Debtors—are subject to assessments only for administrative costs and contributions to the surplus fund established to guaranty the solvency of Ohio's state-run insurance program. OHIO REV. CODE ANN. § 4123.35(J); OHIO ADMIN. CODE R. 4123-17-32(G).

premiums—the Belden Locker approach endorsed by the Bureau would allow an employer to continue operating as self-insurer after filing for bankruptcy relief but would not give the Bureau an administrative claim for assessments levied during the bankruptcy. Such a bizarre result is not consistent with the Bankruptcy Code or the weight of case law analyzing how tax claims arise. Accordingly, the Proof of Claim should be disallowed because all prepetition assessments previously levied against the Reorganized Debtors have been paid in full and the Bureau is not entitled to bootstrap future assessments into such Claim.⁶

⁶ In addition, and contrary to the Bureau's assertion in the Supplemental Response, the Reorganized Debtors may very well contest that assessments asserted in the Proof of Claim are entitled to priority treatment under section 507(a)(8)(E) of the Bankruptcy Code. In the event that the Court concludes that postpetition, post-Effective-Date assessments relate back to the time of prepetition employment, the Reorganized Debtors reserve the right to challenge the relative priority of assessments based on payments to the individual workers' compensation beneficiaries. A substantial majority of these payments relate to individuals who were employed by the Debtors more than three years prior to the Petition Date—or were employed by the Debtors after the Petition Date—and therefore would fall outside the scope of section 507(a)(8)(E).

WHEREFORE the Reorganized Debtors respectfully request this Court enter an order (a) sustaining the objection with respect to the Claim, (b) disallowing and expunging the Claim in its entirety, and (c) granting such further and other relief this Court deems just and proper.

Dated: New York, New York
December 15, 2010

SKADDEN, ARPS, SLATE, MEAGHER
& FLOM LLP

By: /s/ John Wm. Butler, Jr.

John Wm. Butler, Jr.

John K. Lyons

Ron E. Meisler

155 North Wacker Drive
Chicago, Illinois 60606

- and -

Four Times Square
New York, New York 10036

Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors

National Benefits Center
P O Box 5053
Southfield, MI 48086-5053

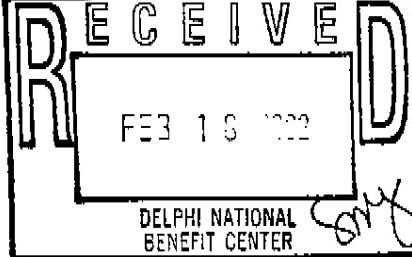
DATE	CHECK AMT	CHECK NO.
02/06/2002	3,000.00	0001064677

PAYEE	TAX ID
OHIO BUREAU OF WORKERS COMPENSATION	31133418

SCMS UNIT	PAGE
182 National Benefits Center	001

8,954 02008342182180 001 OF 002

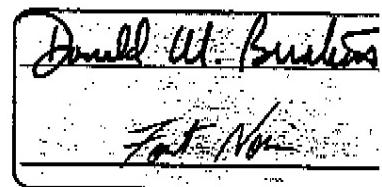
Sedgwick CMS
26330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48034

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 3000.00	Description: State Assessment		
Amt Billed: .00	Invoice: 42417445	ICON:	
Dates: 02/05/2002 - 02/05/2002	Comment: Delphi Automotive Systems Corporation - #20005212		
			

E1991.PRM (02-28-
Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems ORIGIN DATE CHECK NO.
1821856 02/06/2002 0001064677 62-22
311



PAY *THREE THOUSAND AND 00/100 DOLLARS*
TO OHIO BUREAU OF WORKERS COMPENSATION \$3000.00
THE
ORDER
OF



First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS

100001064677 103110022502079950059703

12/14/2010 8:41AM



Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

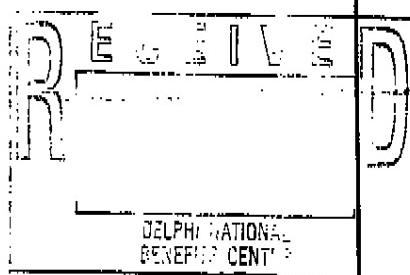
Please call 1-800-OHIOBWC (1-800-644-6292)
 and press 24 for billing questions or employer
 information. Visit us on the web at:
www.ohiobwc.com

Policy Information

Policy Number:	20005212	Invoice Number:	42417445	Invoice Date:	01/25/2002
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	02/24/2002
Coverage Status:	ACTIVE				

Billing Summary

	Breakdown	Total
Outstanding Balance		
BWC Balance:	\$3,000.00	\$3,000.00
Ending Balance		
BWC Balance:	\$3,000.00	\$3,000.00



Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
 Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	42417445	02/24/2002	\$3,000.00	\$_____

Mail to:

BWC State Insurance Fund
 Corporate Processing Dept.
 Columbus, OH 43271-0977

20005212000000042417445005000000000300000

Check # 1064677
 Sent out from
 Poorman Douglas - 2/5/02

smg

BWC

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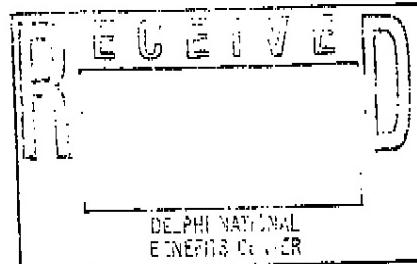


Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy Number	Invoice Number
20005212	42417445
Invoice Date	Due Date
01/25/2002	02/24/2002

Detailed information regarding the beginning balances on this Invoice/Statement was shown on an earlier Invoice/Statement.



SELF INSURED EMPLOYERS' ASSESSMENTS FOR THE PERIOD 07-01-01 THRU 12-31-01.

Enclosed is the Invoice/Statement for Self Insured Assessments for the second half of calendar year 2001. It is based on the 2000 calendar year paid compensation pro rated for the period of coverage and the following annual fiscal year (FY) rates.

<u>Assessment Description</u>		<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0415	\$ 16,080.54	\$ 664.35
Administrative Cost Fund *	ACF	.1377	\$ 16,080.54	\$ 2,204.38
Safety & Hygiene Fund	SANDH	.0082	\$ 16,080.54	\$ 131.27
Surplus Rehabilitation Fund	REHAB	.1300	\$ 15,384.62	\$ 2,000.00
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00	\$12,400.00

* Represents both BWC and iC combined.

Disabled Workers' Relief Fund DWRF Rate is 100 % of the expenditure that is a dollar for dollar billing.

NOTE: For those organizations granted self insurance during the second (2nd) half of the calendar year 2001, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2001 and ends June 30, 2002.

PAYMENT INSTRUCTIONS:

1. To avoid late payment, the payment must be received not later than the close of business February 28, 2002. To insure proper payment, it is recommended you write your account/policy number on your check.
3. Make check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to:
STATE INSURANCE FUND
BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-0977

TAX ID #

5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address, with a copy to BWC Collections Unit, L-24.

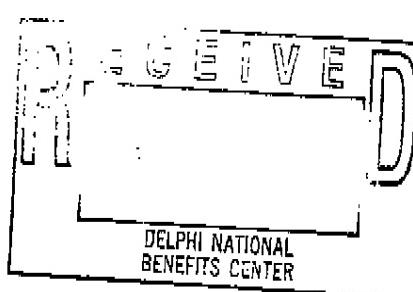
Ohio Bureau of Workers' Compensation, SIUS
Attn: Jennifer Belcher
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 644-5062
Fax (614) 719-5314
Toll free in USA: 1-800-644-6292

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292



National Benefits Center
P O Box 5053
Southfield, MI 48086-5053

DATE	CHECK AMT	CHECK NO.
02/20/2003	416,083.04	0003296536

PAYEE	TAX ID
BWC STATE INSURANCE FUND	332000201

SCMS UNIT	PAGE
182 National Benefits Center	001

48 03009272182180 013 OF 001

Sedgwick CMS
25330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48086

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 416083.04 Description: State Assessment
Amt Billed: .00 Invoice: 49215565 ICN:
Dates: 02/11/2003 - 02/11/2003 Comment: Ohio State Assessment SI Transactions SI# 20005212

Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems

ORIGIN
1821856

DATE
02/20/2003

CHECK NO.
0003296536

62-22
311

E1991.FRM (02-28-01)

► PAY ONLY 416083.04

PAY *FOUR HUNDRED SIXTEEN THOUSAND EIGHTY THREE*

\$416083.04

TO BWC STATE INSURANCE FUND
THE
ORDER
OF

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS



0003296536 1031100225120799500597031*



Better Workers' Compensation
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Bob Taft, Governor James Conrad, Administrator/CEO

Invoice/Statement

Please call 1-800-OHIOBWC (1-800-644-6292)
and press 2 for billing questions or employer
information. Visit us on the web at:
www.ohiobwc.com

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy Information

Policy Number:	20005212	Invoice Number:	49215565	Invoice Date:	01/27/2003
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	03/03/2003
Coverage Status:	ACTIVE				

Billing Summary

	<i>Breakdown</i>	<i>Total</i>
Outstanding Balance BWC Balance:	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$416,083.04	\$416,083.04
Ending Balance BWC Balance:	\$416,083.04	\$416,083.04

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

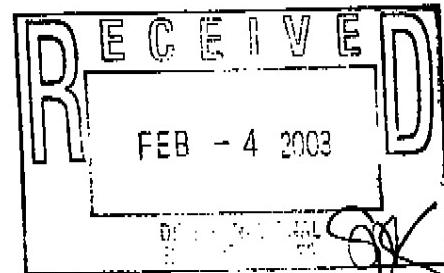
Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	49215565	03/03/2003	\$416,083.04	\$416,083.04

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000049215565505060000041608304

RECEIVED
FEB 4 2003
OAH/OC/2003



SELF INSURED ASSESSMENT INFORMATION SHEET

Enclosed is the first (1st) Invoice/Statement for Self Insured Assessments based on the calendar year 2001 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>	<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0415	\$ 14,157.62
Administrative Cost Fund *	ACF	.1606	\$ 14,157.62
Safety & Hygiene Fund	SANDH	.0098	\$ 14,157.62
Surplus Rehabilitation Fund	REHAB	.1300	\$ 15,384.62
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00

* Represents both BWC and IC combined

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

NOTE: For those employers granted self insurance during the second (2nd) half of the calendar year 2002, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2002 and ends June 30, 2003.

PAYMENT INSTRUCTIONS:

1. To avoid late payment, the payment must be received not later than the close of business **February 28, 2003**. To insure proper payment, it is recommended you write your policy number on your check.
3. Make check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to: **STATE INSURANCE FUND
BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-097** **OVERNIGHT PAYMENT TO:**
**BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
COLUMBUS, OH 43215-2256**
5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address, **with a copy to BWC Collections Unit, L-24**.

Ohio Bureau of Workers' Compensation, SIUS
Attn: Jennifer Gropper
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 644-5062
Fax (614) 719-5314
Toll free in USA: 1-800-644-6292
Option 2, then 3

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292

RECEIVED
FEB 01 2003
DELPHI NATIONAL
SERTIFIT CENTER

BWC

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Current Activity Detail

Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy Number	Invoice Number
20005212	49215565
Invoice Date	Due Date
01/27/2003	03/03/2003

Mandatory Surplus**Mandatory Surplus**

01/21/2003 07/01/02 to 12/31/02

Transaction Total

Reported Comp for 2001	Paid Compensation	Billed Rate	Balance
4,117,595.60	2,058,797.80	0.041500	\$85,440.11

Administrative Cost**Administrative Cost**

01/21/2003 07/01/02 to 12/31/02

Transaction Total

Reported Comp for 2001	Paid Compensation	Billed Rate	Balance
4,117,595.60	2,058,797.80	0.160600	\$330,642.93

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$416,083.04

\$416,083.04

RECEIVED
FEB 04 2003
DELPHI NATIONAL
EXPERT COUNSEL

The Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, OH 43215-2256



Bob Taft
Governor
www.ohiobwc.com

James Conrad
Administrator/CEO
1-800-OHIOBWC

August 29, 2003

Delphi Automotive Systems Inc
5725 Delphi Drive
Troy, MI 48098-2815

Re: Policy # 20005212

Dear Employer:

Please find enclosed an invoice/statement for the 2001 paid compensation safety and hygiene assessment in the amount of \$40,352.44 and the 2000 paid compensation assessments for safety and hygiene \$33,706.23; administration \$566,017.98 and mandatory surplus \$170,586.89. These funds were inadvertently missed during normal billing periods. Sorry for any inconvenience this may have caused.

I hope you find this information helpful. Should you have further questions, please do not hesitate to contact me @ 614-644-5062 or e-mail me @ Jennifer.G.1@bwc.state.oh.us

Sincerely,

Jennifer Gropper
Self Insured Underwriter

Encl: Invoice/Statement

Cc: File

National Benefits Center
P.O. Box 5053
Southfield, MI 48086-5053

DATE **CHECK AMT** **CHECK NO.**

08/26/2003 | 416,083.03 | 0003838523

08/26/2003 416,083.03 0003838523

8426-5995-0011

PAYEE	TAX ID
BWC STATE INSURANCE FUND	

SCMS UNIT PAGE
182 National Benefits Center 001

* 67 0003838523 033 OF 001 0AM 030826 1114
Sedgwick CMS
25330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48086

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 416083.03	Description: State Assessment		
Amt Billed: .00	Invoice: 52671712	ICN:	
Dates: 08/25/2003 - 08/25/2003	Comment: Semi Annual Assessment Ohio - Delphi 20005212 - 38-34		

**Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems**

ORIGIN
1821856

DATE
08/26/2003

CHECK NO.
0003838523

E1991.FRM (02-28-01)

62-22
311

PAY ONLY 416083.03

57 0003838523 033 06 001 0AM 030826 1114

PAY *FOUR HUNDRED SIXTEEN THOUSAND EIGHTY THREE*
AND 03/100 DOLLARS

\$416083.03

TO BWC STATE INSURANCE FUND
THE OHIO BUREAU OF WORKERS COMPENSATION
ORDER
OF

VOID AFTER 60 DAYS

~~First Union Bank of Delaware
Wilmington, DE~~

[Signature]

12/14/2010 8:41AM



Bob Taft, Governor James Conrad, Administrator/CEO

Invoice/Statement

Online payment, quick and convenient: Pay your balance online at ohiobwc.com using a credit card or electronic funds transfer. Just select Ohio employers, Quick Pay, then Accounts Receivable Balance History. Call 1-800-OHIOBWC (1-800-644-6292) for employer information.

RECEIVED DNBC

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

AUG 05 '03

Policy Information

Policy Number: 20005212
Federal ID Number: 38-3430473
Coverage Status: ACTIVE

Invoice Number: 52671712
Current Rating Plan: Self Insured

Invoice Date: 07/25/2003
Due Date: 08/29/2003

Billing Summary		Breakdown	Total
Outstanding Balance			
BWC Balance:		\$0.00	\$0.00
Current Activity - Detail Attached			
Self-Insured Transactions		\$416,083.03	\$416,083.03
Ending Balance			
BWC Balance:		\$416,083.03	\$416,083.03

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	52671712	08/29/2003	\$416,083.03	\$ _____

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

Claim No: _____ Status: _____

Examiner: _____

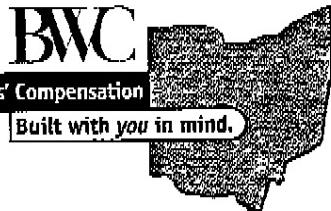
Approved / Denied Pay Code: _____

Examiner Initials: _____

Paid Date: _____ Paid By: _____

20005212000000052671712105000000041608303

RECEIVED AUG 2 2003 Sent
12/14/2010 8:41AM



Current Activity Detail

RECEIVED UNBC

Bob Taft, Governor James Conrad, Administrator/CEO

AUG 05 '03

DELPHI AUTOMOTIVE SYSTEMS CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy Number	Invoice Number
20005212	52671712
Invoice Date	Due Date
07/25/2003	08/29/2003

Mandatory Surplus

Mandatory Surplus

07/17/2003 01/01/03 to 06/30/03

Transaction Total

Reported Paid	Billed			Balance
Comp for 2001	Compensation	Rate		
4,117,595.60	2,058,797.80	0.041500		\$85,440.11

Administrative Cost

Administrative Cost

07/17/2003 01/01/03 to 06/30/03

Transaction Total

Reported Paid	Billed			Balance
Comp for 2001	Compensation	Rate		
4,117,595.60	2,058,797.80	0.160600		\$330,642.92

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$416,083.03

SELF INSURED ASSESSMENT INFORMATION SHEET

Enclosed is the first (1st) Invoice/Statement for Self Insured Assessments based on the calendar year 2001 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>		<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0415	\$ 14,157.62	\$ 587.54
Administrative Cost Fund *	ACF	.1606	\$ 14,157.62	\$ 2,273.71
Safety & Hygiene Fund	SANDH	.0098	\$ 14,157.62	\$ 138.75
Surplus Rehabilitation Fund	REHAB	.1300	\$ 15,384.62	\$ 2,000.00
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00	\$12,400.00

* Represents both BWC and IC combined

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

NOTE: For those employers granted self insurance during the second (2nd) half of the calendar year 2002, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2002 and ends June 30, 2003.

PAYMENT INSTRUCTIONS:

1. To avoid late payment, the payment must be received not later than the close of business **February 28, 2003**. **To insure proper payment, it is recommended you write your policy number on your check.**
 3. Make check payable to Ohio Bureau of Workers' Compensation.
 4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to:
STATE INSURANCE FUND
BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-097
 - OVERNIGHT PAYMENT TO:
BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
COLUMBUS, OH 43215-2256
 5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address, with a copy to BWC Collections Unit, L-24.

Ohio Bureau of Workers' Compensation, SIUS
Attn: Jennifer Gropper
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 644-5062
Fax (614) 719-5314
Toll free in USA: 1-800-644-6292
Option 2, then 3

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292

National Benefits Center
P O Box 5053
Southfield, MI 48086-5053

DATE	CHECK AMT	CHECK NO.
10/01/2003	810,663.04	0004006642
PAYEE	TAX ID	
BWC STATE INSURANCE FUND		

SCMS UNIT	PAGE
182 National Benefits Center	001

*000035 0004006642 015 OF 001 QAM 031001 1029

Sedgwick CMS
25330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48086

Claimant Name	Loss Date	Claim Number	SSN
<p>Amt Paid: 810663.04 Description: State Assessment Amt Billed: .00 Invoice: 53292692 ICN: Dates: 09/25/2003 - 09/25/2003 Comment: OH Assessment 02(A11 Funds) & 01 Safety & Hygiene-200</p>			

E1991.FRM (02-28-01)

Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems

ORIGIN
1821866

DATE
10/01/2003

CHECK NO.
0004006642

62-22
311

PAY ONLY 8 1 0 6 6 3 0 4

000035 0004006642 015 OF 001 QAM 031001 1029

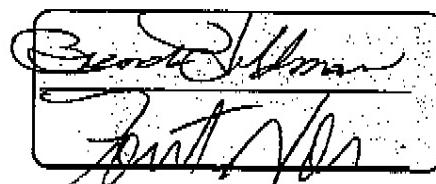
PAY *EIGHT HUNDRED TEN THOUSAND SIX HUNDRED SIXTY*
THREE AND 04/100 DOLLARS

\$810663.04

TO BWC STATE INSURANCE FUND
THE OHIO BUREAU OF WORKERS' COMPENSATION
ORDER
OF

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS


Bruce Johnson
First Union

00004006642* 03100225*2079950059703*

12/14/2010 8:41AM



Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
PO BOX 5063
SOUTHFIELD MI 48086-5063

Policy Information

Policy Number:	20005212	Invoice Number:	53292692	Invoice Date:	08/29/2003
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	10/03/2003
Coverage Status:	ACTIVE				

Billing Summary

	<i>Breakdown</i>	<i>Total</i>
Outstanding Balance BWC Balance:	\$416,083.03	\$416,083.03 <i>- Paid</i>
Current Activity - Detail Attached Self-Insured Transactions	\$810,663.04	\$810,663.04
Ending Balance BWC Balance:	\$1,226,746.07	\$1,226,746.07

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
 Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	53292692	10/03/2003	\$1,226,746.07	\$_____

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000053292692605000000122674607

BWC

Better Workers' Compensation

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Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
 PO BOX 5063
 SOUTHFIELD MI 48086-5063

Policy Number	Invoice Number
20005212	53292692
Invoice Date	Due Date
08/29/2003	10/03/2003

Mandatory Surplus**Mandatory Surplus**

08/25/2003 08/25/03 to 08/25/03

Transaction Total

Reported	Paid	Billed		Balance
Comp for -2000	Compensation	Rate		
0.00	0.00	0.000000		
4,110,515.45	4,110,515.45	.0415		\$170,586.39

Administrative Cost**Administrative Cost**

08/25/2003 08/25/03 to 08/25/03

Transaction Total

Reported	Paid	Billed		Balance
Comp for -2000	Compensation	Rate		
0.00	0.00	0.000000		
<i>Same as above</i>	<i>Same as above</i>	<i>.1377</i>		<i>\$566,017.98</i>

Safety And Hygiene**Safety And Hygiene**

08/25/2003 08/25/03 to 08/25/03

Transaction Total

Reported	Paid	Billed		Balance
Comp for -2000	Compensation	Rate		
4,117,595.60	4,117,595.60	0.000000 .0098		40,352.44 200
0.00	0.00	0.000000 .0082		38,706.23 200
4,110,515.45	4,110,515.45			\$74,058.67

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$810,663.04

\$810,663.04



Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
PO BOX 5063
SOUTHFIELD MI 48086-5063

Policy Number	Invoice Number
20005212	53292692
Invoice Date	Due Date
08/29/2003	10/03/2003

Mandatory Surplus

Mandatory Surplus
08/25/2003 08/25/03 to 08/25/03
Transaction Total

Reported	Paid	Billed		Balance
Comp for -2000	Compensation	Rate		
0.00	0.00	0.00000		170,586.39
4,110,515.45	4,110,515.45	.0415		\$170,586.39

Administrative Cost

Administrative Cost
08/25/2003 08/25/03 to 08/25/03
Transaction Total

Reported	Paid	Billed		Balance
Comp for -2000	Compensation	Rate		
0.00	0.00	0.00000		566,017.98
<i>Same as above</i>	<i>Same as above</i>	<i>.1377</i>		<i>\$566,017.98</i>

Safety And Hygiene

Safety And Hygiene
08/25/2003 08/25/03 to 08/25/03
Transaction Total
Self-Insured Transactions Total

Reported	Paid	Billed		Balance
Comp for -2001	Compensation	Rate		
4,117,595.60	4,117,595.60	0.00000 .0098		40,352.44 2D1
0.00	0.00	0.00000 .0082		33,706.23 2D1
4,110,515.45	4,110,515.45			\$74,058.67
				\$810,663.04

TOTAL MONTHLY ACTIVITY**\$810,663.04**

National Benefits Center
P O Box 5053
Southfield, MI 48086-5053

DATE	CHECK AMT	CHECK NO.
02/09/2004	724,427.97	0004526847
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	001	

*000004 0004526847 001 OF 001 OAM 040209 1012

Sedgwick CMS
25330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48034

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 724427.97 Description: State Assessment
Amt Billed: .00 Invoice: 56174718 ICN:
Dates: 02/06/2004 - 02/06/2004 Comment: Ohio Assessment 07-01-03 through 12-31-03 - Delphi

E1991.FRM (02-28-01)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTERD BORDER - DO NOT CASH IF THE WORD VOID IS VISIBLE
Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems

ORIGIN DATE CHECK NO.
1821856 02/09/2004 0004526847
G2-22
311

000004 0004526847 001 OF 001 OAM 040209 1012
PAY *SEVEN HUNDRED TWENTY FOUR THOUSAND FOUR HUNDRED*
TWENTY SEVEN AND 97/100 DOLLARS \$724427.97

TO: BWC STATE INSURANCE FUND

THE

ORDER

OF

First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS



DOCUMENT CONTAINS A TRUE WATERMARK. DO NOT CASH IF THE WATERMARK IS NOT VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

00004526847 031100225020799500597031

BWC

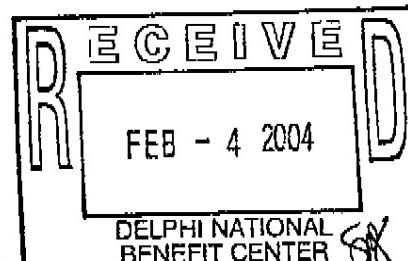
Better Workers' Compensation

Built with you in mind.

Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
 PO BOX 5063 ~~5060~~
 SOUTHFIELD MI 48086-5063

Online payment, quick and convenient: Pay your balance online at ohiobwc.com using a credit card or electronic funds transfer. Just select Ohio employers, Quick Pay, then Accounts Receivable Balance History. Call 1-800-OHIOBWC (1-800-644-6292) for employer information.

**Policy Information**

Policy Number:	20005212	Invoice Number:	56174718	Invoice Date:	01/28/2004
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	03/03/2004
Coverage Status:	ACTIVE				

Billing Summary

	<i>Breakdown</i>	<i>Total</i>
Outstanding Balance		
BWC Balance:	\$0.00	\$0.00
Current Activity - Detail Attached		
Self-Insured Transactions	\$724,427.97	\$724,427.97
Ending Balance		
BWC Balance:	\$724,427.97	\$724,427.97

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
 Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	56174718	03/03/2004	\$724,427.97	\$724,427.97

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

Received

FEB 04 2004

DNBC

20005212000000056174718405000000072442797

16

BWC

Better Workers' Compensation

Built with you in mind.

Current Activity Detail

Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
PO BOX 5063
SOUTHFIELD MI 48086-5063

Policy Number	Invoice Number
20005212	56174718
Invoice Date	Due Date
01/28/2004	03/03/2004

Mandatory Surplus**Mandatory Surplus**

01/28/2004 07/01/03 to 12/31/03

Transaction Total

Reported Paid Comp for 2002	Billed Compensation	Rate	Balance
4,807,086.63	2,403,543.32	0.052500	\$126,186.03

Safety And Hygiene**Safety And Hygiene**

01/28/2004 07/01/03 to 12/31/03

Transaction Total

Reported Paid Comp for 2002	Billed Compensation	Rate	Balance
4,807,086.63	2,403,543.32	0.009800	\$23,554.73

Guaranty Fund General**Guaranty Fund General**

01/28/2004 07/01/03 to 12/31/03

Transaction Total

Reported Paid Comp for 2002	Billed Compensation	Rate	Balance
4,807,086.63	2,403,543.32	0.069700	\$167,526.97

BWC Administrative Cost**BWC Administrative Cost**

01/28/2004 07/01/03 to 12/31/03

Transaction Total

Reported Paid Comp for 2002	Billed Compensation	Rate	Balance
4,807,086.63	2,403,543.32	0.080500	\$193,485.24

IC Administrative Cost**IC Administrative Cost**

01/28/2004 07/01/03 to 12/31/03

Transaction Total

Reported Paid Comp for 2002	Billed Compensation	Rate	Balance
4,807,086.63	2,403,543.32	0.088900	\$213,675.00

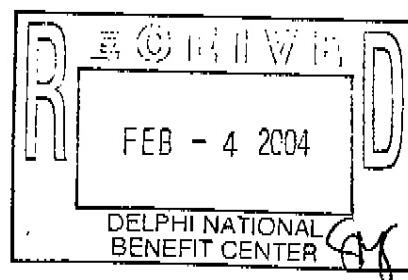
Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$724,427.97

Received

FEB 04 2004

DNBC

SELF INSURED ASSESSMENT & INFORMATION SHEET

Enclosed is the first (1st) Invoice/Statement for Self Insured Assessments based on the calendar year 2002 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>		<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0525	\$ 12,947.78	\$ 679.76
Administrative Cost Fund	BWC/ACF	.0805	\$ 12,947.78	\$ 1,042.30
Administrative Cost Fund	IC/ACF	.0889	\$ 12,947.78	\$ 1,151.05
Safety & Hygiene Fund	SANDH	.0098	\$ 12,947.78	\$ 126.89
Surplus Rehabilitation Fund	REHAB	.1300	\$ 15,384.62	\$ 2,000.00
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00	\$12,400.00
**Guaranty Fund	GFA	.0697	\$ 0.00	\$ 0.00

****Self Insuring employer guaranty fund** will be assessed based on the calendar year 2002 fund balance. The guaranty fund is evaluated annually for assessment to guarantee payments of claims against the fund. For the first time since 1995, a guaranty fund assessment is being levied. No minimum balance applies to this assessment.

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

NOTE: For those employers granted self insurance during the second (2nd) half of the calendar year 2003, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2003 and ends June 30, 2004.

PAYMENT INSTRUCTIONS:

1. To avoid late payment, the payment must be received not later than the close of business **February 29, 2004**. **To insure proper payment, it is recommended you write your policy number on your check.**

3. Make check payable to Ohio Bureau of Workers' Compensation.

4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to: STATE INSURANCE FUND
BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-097

OVERNIGHT PAYMENT TO:
BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
ATTN: JENNIFER GROPPER
COLUMBUS, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address, with a copy to BWC Collections Unit, L-24.

Received

Ohio Bureau of Workers' Compensation, SIUS
Attn: Jennifer Gropper
30 West Spring Street, L-26
Columbus, OH 43215-2256

FEB 04 2004

Phone (614) 644-5062

Fax (614) 719-5314

Toll free in USA: 1-800-644-6292

Option 2, then 3

DNBC

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292

National Benefits Center
P O Box 5053
Southfield, MI 48086-5053

DATE	CHECK AMT	CHECK NO.
08/12/2004	724,427.94	0005617471
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	3320000201	

SCMS UNIT	PAGE
182 National Benefits Center	001

0000046 0005617471 009 OF 002 0AM 040812 1012

**Sedgwick CMS
25330 Telegraph Road - Suite 215
Attn: Raquel Oriel/Sheila Gerard
Southfield, MI 48034**

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid:	724427.94	Description:	State Assessment
Amt Billed:	724427.94	Invoice:	59677786
Dates:	01/01/2004 - 06/30/2004	ICN:	Comment: Delphi SI Assessment - OH BWC - 01/01/04 to 06/30/04

E1991.FRM (02-28-01)

Sedgwick Claims Management Services, Inc. DRG# **DATE** **CHECK NO.** **62-227**
on Behalf of Delphi Automotive Systems 1821856 08/12/2004 0005617471 311

PAYEE: *SEVEN HUNDRED TWENTY-FOUR THOUSAND FOUR HUNDRED*
TWENTY SEVEN AND 94/100 DOLLARS \$724427.94

TO: BWG STATE INSURANCE FUND

THE
ORDER

Bob Blanchard

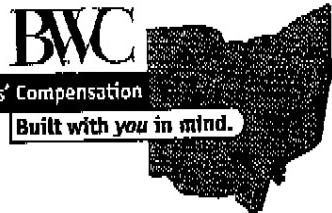
First Union Bank of Delaware
VOID AFTER 60 DAYS

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DO NOT USE A TRADITIONAL WATERMARK. DO NOT CASH IF THE WATERMARK IS NOT VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

"00005617471" "03110022502079950059703"

12/14/2010 8:41AM



Bob Taft, Governor James Conrad, Administrator/CEO

Invoice/Statement

Online payment, quick and convenient: Pay your balance online at ohiobwc.com using a credit card or electronic funds transfer. Just select Ohio employers, Quick Pay, then Accounts Receivable Balance History. Call 1-800-OHIOBWC (1-800-644-6292) for employer information.

DELPHI AUTOMOTIVE SYSTEMS LLC
PO BOX 5063
SOUTHFIELD MI 48086-5063

Policy Information

Policy Number:	20005212	Invoice Number:	59677786	Invoice Date:	07/23/2004
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	08/27/2004
Coverage Status:	ACTIVE				

Billing Summary

	Breakdown	Total
Outstanding Balance: BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$724,427.94	\$724,427.94
Ending Balance: BWC	\$724,427.94	\$724,427.94

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	59677786	08/27/2004	\$724,427.94	\$ 724,427.94

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

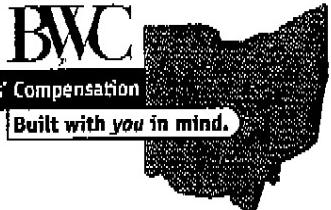
Received

AUG 05 2004

DNBC

20005212000000059677786704000000072442794

f b



Bob Taft, Governor James Conrad, Administrator/CEO

DELPHI AUTOMOTIVE SYSTEMS LLC
PO BOX 5063
SOUTHFIELD MI 48086-5063

Policy Number	Invoice Number
20005212	59677786
Invoice Date	Due Date
07/23/2004	08/27/2004

Mandatory Surplus

Mandatory Surplus
07/14/2004 01/01/04 to 06/30/04
Transaction Total

Reported Comp for 2002	Paid Compensation	Billed Rate	Balance
4,807,086.63	2,403,543.31	0.052500	\$126,186.02

Safety And Hygiene

Safety And Hygiene
07/14/2004 01/01/04 to 06/30/04
Transaction Total

Reported Comp for 2002	Paid Compensation	Billed Rate	Balance
4,807,086.63	2,403,543.31	0.009800	\$23,554.72

Guaranty Fund General

Guaranty Fund General
07/14/2004 01/01/04 to 06/30/04
Transaction Total

Reported Comp for 2002	Paid Compensation	Billed Rate	Balance
4,807,086.63	2,403,543.31	0.069700	\$167,526.97

BWC Administrative Cost

BWC Administrative Cost
07/14/2004 01/01/04 to 06/30/04
Transaction Total

Reported Comp for 2002	Paid Compensation	Billed Rate	Balance
4,807,086.63	2,403,543.31	0.080500	\$193,485.23

IC Administrative Cost

IC Administrative Cost
07/14/2004 01/01/04 to 06/30/04
Transaction Total

Reported Comp for 2002	Paid Compensation	Billed Rate	Balance
4,807,086.63	2,403,543.31	0.088900	\$213,675.00

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$724,427.94

\$724,427.94

Received

AUG 05 2004

DNBC

SELF INSURED ASSESSMENT INFORMATION SHEET

- Enclosed is the second (2nd) Invoice/Statement for Self Insured Assessments based on the calendar year 2002 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>	<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0525	\$ 12,947.78
Administrative Cost Fund	BWC/ACF	.0805	\$ 12,947.78
Administrative Cost Fund	IC/ACF	.0889	\$ 12,947.78
Safety & Hygiene Fund	SANDH	.0098	\$ 12,947.78
Surplus Rehabilitation Fund	REHAB	.1300	\$ 15,384.62
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00
**Guaranty Fund	GFA	.0697	\$ 0.00

**Self Insuring employer guaranty fund will be assessed for the calendar year 2002 and will be based on a rate of .0697. The guaranty fund is evaluated annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. For the first time since 1995, a guaranty fund assessment is being levied. No minimum balance applies to this assessment.

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

NOTE: For those employers granted self insurance during the first (1st) half of the calendar year 2004, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2003 and ends June 30, 2004.

PAYMENT INSTRUCTIONS:

1. The payment must be received by the close of business **August 31, 2004** to continue self-insured coverage. **To ensure proper payment, it is recommended you write your policy number on your check.**

3. Make check payable to Ohio Bureau of Workers' Compensation.

4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to: STATE INSURANCE FUND

BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-097

OVERNIGHT PAYMENT TO:

BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
ATTN: JENNIFER GROPPER
COLUMBUS, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

Received

AUG 05 2004

DNBC

Questions, protests or disputes regarding this assessment billing must be sent to the below address.

Ohio Bureau of Workers' Compensation, SIUS

Attn: Jennifer Gropper
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 644-5062
Fax (614) 719-5314
Toll free in USA: 1-800-644-6292
Option 2, then 3

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Received

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292

DNBC

National Benefits Center
P O Box 5053
Southfield MI 48086-5053

DATE	CHECK AMT	CHECK NO.
02/11/2005	794,614.94	0006722588
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	001	

*000068 0006722588 00006 OF 00029 OAM 050211 1050
SEDGWICK CMS
25330 TELEGRAPH ROAD - SUITE 440
ATTN: RAQUEL ORIEL/SHEILA GERARD
SOUTHFIELD, MI 48034

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 794614.94 Description: State Assessment
Amt Billed: 794614.94 Invoice: 63350366 ICN:
Dates: 07/04/2004 - 12/31/2004 Comment: Semi Annual Ohio Self Insured Assessment - Delphi 200

RECEIVED
FEB 15 2005
By:

E1991.FRM (02-28-01)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTER BORDER - DO NOT CASH IF THE WORD VOID IS VISIBLE.

Sedgwick Claims Management Services, Inc. 1000 PORT GLEN, SUITE 1000, CLEVELAND, OHIO 44113-2050 CHECK NO. 62-22588
On Behalf of Delphi Automotive Systems, Inc. 1000 PORT GLEN, SUITE 1000, CLEVELAND, OHIO 44113-2050 0006722588 00006 OF 00029

PAY ONLY **794614.94**

000068 0006722588 00006 OF 00029 OAM 050211 1050

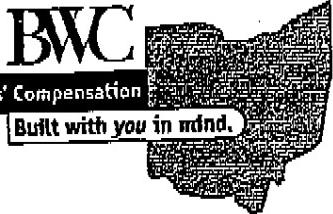
PAY *SEVEN HUNDRED NINETY FOUR THOUSAND SIX HUNDRED*
FOURTEEN AND 94/100 DOLLARS \$794614.94

TO BWC STATE INSURANCE FUND
THE
ORDER
OF
Delphi Automotive Systems, Principal
BY:

VOID AFTER 60 DAYS
WILLIAM J. BURGESS
WILLIAM J. BURGESS

DO NOT CASH IF THE WORD VOID IS VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

00006722588 1031100225120799500597031



Bob Taft, Governor James Conrad, Administrator/CEO

Invoice/Statement

Online payment, quick and convenient: Pay your balance online at ohiobwc.com using a credit card or electronic funds transfer. Just select Ohio employers, Quick Pay, then Accounts Receivable Balance History. Call 1-800-OHIOBWC (1-800-644-6292) for employer information.

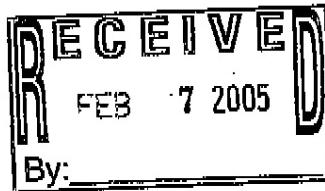
ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

Policy Information

Policy Number:	20005212	Invoice Number:	63350366	Invoice Date:	01/21/2005
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	02/25/2005
Coverage Status:	ACTIVE				

Billing Summary

	Breakdown	Total
Outstanding Balance: BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$794,614.94	\$794,614.94
Ending Balance: BWC	\$794,614.94	\$794,614.94



Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	63350366	02/25/2005	\$794,614.94	\$794,614.94

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000063350366305000000079461494

BWC

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Bob Taft, Governor James Conrad, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

Policy Number	Invoice Number
20005212	63350366
Invoice Date	Due Date
01/21/2005	02/25/2005

Mandatory Surplus**Mandatory Surplus**

01/14/2005 07/01/04 to 12/31/04

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2003	Compensation	Rate		
4,668,712.77	2,334,356.39	0.045000		\$105,046.04

\$105,046.04

\$105,046.04

Safety And Hygiene**Safety And Hygiene**

01/14/2005 07/01/04 to 12/31/04

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2003	Compensation	Rate		
4,668,712.77	2,334,356.39	0.009800		\$22,876.70

\$22,876.70

\$22,876.70

Guaranty Fund General**Guaranty Fund General**

01/14/2005 07/01/04 to 12/31/04

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2003	Compensation	Rate		
4,668,712.77	2,334,356.39	0.140000		\$326,808.90

\$326,808.90

\$326,808.90

BWC Administrative Cost**BWC Administrative Cost**

01/14/2005 07/01/04 to 12/31/04

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2003	Compensation	Rate		
4,668,712.77	2,334,356.39	0.079000		\$184,414.16

\$184,414.16

\$184,414.16

IC Administrative Cost**IC Administrative Cost**

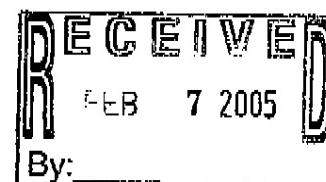
01/14/2005 07/01/04 to 12/31/04

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2003	Compensation	Rate		
4,668,712.77	2,334,356.39	0.066600		\$155,468.14

\$155,468.14

\$155,468.14

Self-Insured Transactions Total**TOTAL MONTHLY ACTIVITY**

SELF INSURED ASSESSMENT INFORMATION SHEET

Enclosed is the first (1st) Invoice/Statement for Self Insured Assessments based on the calendar year 2003 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>	FY Rate	Calendar Year Minimum Paid Compensation	Fiscal Year Minimum Assessment
Surplus Fund (Mandatory)	SURPF	.0450	\$ 14,970.06
Administrative Cost Fund	BWC/ACF	.0790	\$ 14,970.06
Administrative Cost Fund	IC/ACF	.0666	\$ 14,970.06
Safety & Hygiene Fund	SANDH	.0098	\$ 14,970.06
Surplus Rehabilitation Fund	REHAB	.1300	\$ 14,970.06
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00
**Guaranty Fund	GFA	.1400	\$ 0.00

****Self Insuring employer guaranty fund** will be assessed for the calendar year 2003 and will be based on a rate of .1400. The guaranty fund is evaluated annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. For the first time since 1995, a guaranty fund assessment is being levied. No minimum balance applies to this assessment.

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

PAYMENT INSTRUCTIONS:

1. The payment must be received by the close of business February 28, 2005 to continue self-insured coverage. To ensure proper payment, it is recommended you write your policy number on your check.

3. Make check payable to Ohio Bureau of Workers' Compensation.

4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to: STATE INSURANCE FUND

OVERNIGHT PAYMENT TO:

BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-097

BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
ATTN: JENNIFER GROPPER
COLUMBUS, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address.

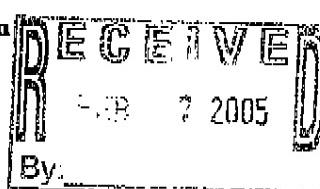
Ohio Bureau of Workers' Compensation, SIUS
Attn: Jennifer Gropper
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 644-5062
Fax (614) 719-5314
Toll free in USA: 1-800-644-6292
Option 2, then 3

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10
Columbus, OH 43215-2256

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292



National Benefits Center
P O Box 5053
Southfield MI 48086-5053

DATE	CHECK AMT	CHECK NO.
09/16/2005	794,614.89	0008854895
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	001	

*000024 0008854895 00002 OF 00019 OAM 050816 1014

SEDGWICK CMS
25330 TELEGRAPH ROAD - SUITE 440
ATTN: RAQUEL ORIEL/SHEILA GERARD
SOUTHFIELD, MI 48034

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 794614.89 Description: State Assessment
Amt Billed: 794614.89 Invoice: 67817128 ICN:
Dates: 01/01/2005 - 06/30/2005 Comment: OH SI Semi Annual Assessment - Delphi 20005212 (38343)

RECEIVED
SEP 20 2005
By: *Sony*

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Sedgwick Claims Management Services, Inc. ORIGIN DATE CHECK NO. G2-22
on Behalf of Delphi Automotive Systems 1821856 09/16/2005 0008854895 7941

000024 0008854895 00002 OF 00019 OAM 050816 1014

PAY *SEVEN HUNDRED NINETY FOUR THOUSAND SIX HUNDRED*
FOURTEEN AND 89/100 DOLLARS

TO BWC STATE INSURANCE FUND
THE OHIO BUREAU OF WORKERS' COMPENSATION
ORDER
OF
Wells Fargo, N.A., Bank
Wilmington, DE

VOID AFTER 60 DAYS

Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc., Agent
BY: *[Signature]*

DOCUMENT CONTAINS A TRUE WATERMARK. DO NOT CASH IF THE WATERMARK IS NOT VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

00008854895 0311002251 2079950059703



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Bob Taft, Governor Tina Kielmeyer, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

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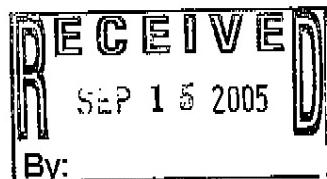
Note: Please read the back of this invoice for additional important information. For other employer information call 1-800-OHIOBWC.

Policy Information

Policy Number:	20005212	Invoice Number:	67817128	Invoice Date:	08/26/2005
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	09/30/2005
Coverage Status:	ACTIVE				

Billing Summary

Outstanding Balance:	Breakdown	Total
BWC	\$794,614.89	\$794,614.89
Ending Balance:	\$794,614.89	\$794,614.89



Period - 01/01/05 - 6/30/05

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	67817128	09/30/2005	\$794,614.89	\$794,614.89

Mail to:

BWC State Insurance Fund
 Corporate Processing Dept.
 Columbus, OH 43271-0977

20005212000000067817128805000000079461489



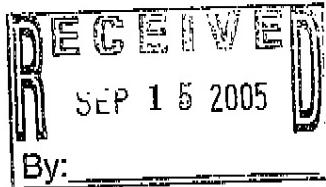
Bob Taft, Governor Tina Kielmeyer, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

Policy Number	Invoice Number
20005212	67817128
Invoice Date	Due Date
08/26/2005	09/30/2005

Detailed information regarding the beginning balances on this Invoice/Statement was shown on an earlier Invoice/Statement.

(See invoice dated 1/21/05.)



National Benefits Center
P O Box 5053
Southfield MI 48086-5053

DATE	CHECK AMT	CHECK NO.
12/2/2005	253,261.22	0009032192
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	1	

18

SEDGWICK CMS
ATTN: RAQUEL ORIEL/SHEILA GERARD
25330 TELEGRAPH RD STE 440
SOUTHFIELD, MI 48034-7460

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 253261.22	Description: State Assessment		
Amt Billed: 253261.22	Invoice: 69294378	ICN:	
Dates: 12/01/2005 - 12/01/2005	Comment: OH BWC Guaranty Fund High Risk Special Assessment		

Received

DEC 10 2005

DNBC

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Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems

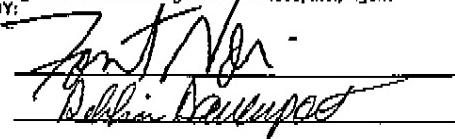
ORIGIN 1821856 CHECK DATE 12/2/2005 CHECK NO. 0009032192 82-22/311

PAY
ONLY

PAY *Two Hundred Fifty Three Thousand Two Hundred Sixty One And 22/100 Dollars* \$253,261.22

TO BWC STATE INSURANCE FUND

Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc., Agent
BY:



Wachovia, N.A. Bank
Wilmington, DE

VOID AFTER 60 DAYS

SIGNATURE HAS A BLUE-GREEN BACKGROUND - NUMBER CONTAINS MICROPRINTING M

0009032192 10311002251 2079950250207 12/14/2010 8:41AM



Bob Taft, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

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Note: Please read the back of this invoice for additional important information. For other employer information call 1-800-OHIOBWC.

Policy Information

Policy Number:	20005212	Invoice Number:	69294378	Invoice Date:	11/08/2005
Federal ID Number:	38-3431131	Current Rating Plan:	Self Insured	Due Date:	12/13/2005
Coverage Status:	ACTIVE				

Billing Summary

		<i>Breakdown</i>	<i>Total</i>
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions		\$253,261.22	\$253,261.22
Ending Balance:	BWC	\$253,261.22	\$253,261.22

R E C E I V E
NOV 17 2005
DELPHI AUTOMOTIVE SYSTEMS
EMPLOYEE BENEFITS

Please see reverse side for Notes, Definitions and Glossary of Terms.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	69294378	12/13/2005	\$253,261.22	\$253,261.22

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000069294378805000000025326122

BWC

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Current Activity Detail

Bob Taft, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

Policy Number	Invoice Number
20005212	69294378
Invoice Date	Due Date
11/08/2005	12/13/2005

Guaranty Fund High Risk

10/17/2005

Balance**Transaction Total**

253,261.22

Self-Insured Transactions Total

\$253,261.22

TOTAL MONTHLY ACTIVITY

\$253,261.22

National Benefits Center
P O Box 5053
Southfield MI 48086-5053

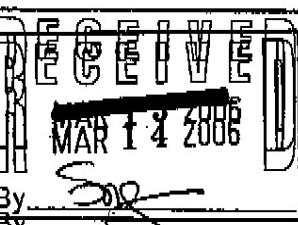
DATE	CHECK AMT	CHECK NO.
3/3/2006	761,683.14	0009948166
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	

SCMS UNIT	PAGE
182 National Benefits Center	1

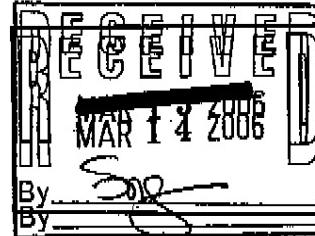
17

SEDGWICK CMS
ATTN: RAQUEL ORIEL/SHEILA GERARD
25330 TELEGRAPH RD STE 440
SOUTHFIELD, MI 48034-7460

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 761683.14	Description: State Assessment		
Amt Billed: 761683.14	Invoice: 70852969	ICN:	
Dates: 07/01/2005 - 12/31/2005	Comment: Semi Annual Assessment 7-01-05 thru 12-31-05-Delph		



 RECEIVED
 MAR 14 2006
 By [Signature]



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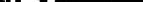
Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems

ORIGIN
1821856

CHECK DATE
3/3/2006

CHECK NO.
000994813

62-22311

**PAY
ONLY** 

PAY TO: Seven Hundred Sixty One Thousand Six Hundred Eighty Three And 14/100 Dollars. \$761,683.14

TO: BWC STATE INSURANCE FUND

THE
ORDER
OF

**Wachovia, N.A. Bank
Wilmington, DE**

VOID AFTER: 60 DAYS

SIGNATURE MADE A BLUR DUE TO IMAGE PROCESSING AND SECURITY REASONS

0009948166 0311002256 2079950059703

12/14/2010 8:41AM



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Bob Taft, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

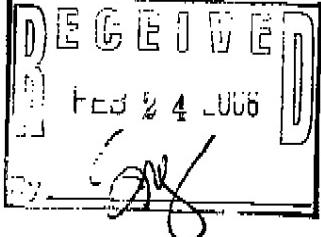
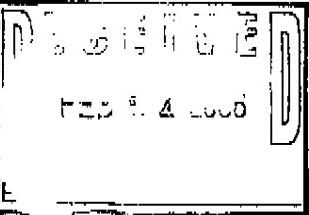
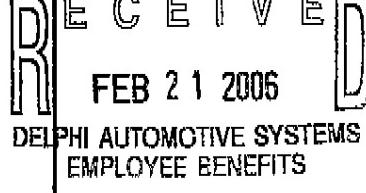
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Note: Please read the back of this invoice for additional important information. For other employer information call 1-800-OHIOBWC.

Policy Information

Policy Number:	20005212	Invoice Number:	70852969	Invoice Date:	01/20/2006
Federal ID Number:	38-3431131	Current Rating Plan:	Self Insured	Due Date:	02/24/2006
Coverage Status:	ACTIVE				03/31/06

Billing Summary

	Breakdown	Total
Outstanding Balance: BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$761,683.14	\$761,683.14
Ending Balance: BWC	\$761,683.14	\$761,683.14
 		 DEPHI AUTOMOTIVE SYSTEMS EMPLOYEE BENEFITS

Please see reverse side for Notes, Definitions and Glossary of Terms.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	70852969	03/31/06 02/24/2006	\$761,683.14	\$_____

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000070852969805000000076168314

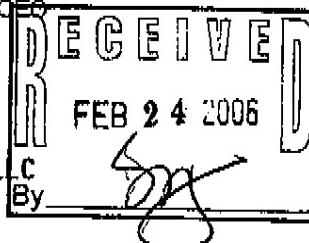
BWC

Better Workers' Compensation

Built with you in mind.

Bob Taft, Governor William E. Mabe, Administrator CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815



Policy Number	Invoice Number
20005212	70852969
Invoice Date	Due Date
01/20/2006	02/24/2006

Mandatory Surplus

Mandatory Surplus
01/12/2006 07/01/05 to 12/31/05
Transaction Total

Reported Paid Comp for 2004	Billed Compensation	Rate	Balance
4,221,020.35	2,110,510.18	0.070600	149,002.02
			\$149,002.02

Safety And Hygiene

Safety And Hygiene
01/12/2006 07/01/05 to 12/31/05
Transaction Total

Reported Paid Comp for 2004	Billed Compensation	Rate	Balance
4,221,020.35	2,110,510.18	0.009800	20,683.00
			\$20,683.00

Guaranty Fund General

Guaranty Fund General
01/12/2006 07/01/05 to 12/31/05
Transaction Total

Reported Paid Comp for 2004	Billed Compensation	Rate	Balance
4,221,020.35	2,110,510.18	0.134900	284,707.83
			\$284,707.83

BWC Administrative Cost

BWC Administrative Cost
01/12/2006 07/01/05 to 12/31/05
Transaction Total

Reported Paid Comp for 2004	Billed Compensation	Rate	Balance
4,221,020.35	2,110,510.18	0.079000	166,730.31
			\$166,730.31

IC Administrative Cost

IC Administrative Cost
01/12/2006 07/01/05 to 12/31/05
Transaction Total
Self-Insured Transactions Total

Reported Paid Comp for 2004	Billed Compensation	Rate	Balance
4,221,020.35	2,110,510.18	0.066600	140,559.98
			\$140,559.98
			\$761,683.14
			\$761,683.14

TOTAL MONTHLY ACTIVITY

**National Benefits Center
P O Box 5053
Southfield MI 48086-5053**

DATE	CHECK AMT	CHECK NO.
8/22/2006	761,583.12	0011324588
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	1	

40

**SEDGWICK CMS
RAQUEL ORIEL/SHEILA GERARD
25330 TELEGRAPH RD STE 440
SOUTHFIELD, MI 48033-7460**

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 761683.12	Description: State Assessment		
Amt Billed: 761683.12	Invoice: 75163301	ICN:	
Dates: 01/01/2006 - 06/30/2006	Comment: OH BWC Assessment 01/01/06-06/30/06 Comp Pd 2004 -		
Policy # - 2000 5212			
Received			
AUG 24 2006			
DNBC			

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**Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems**

ORIGIN
1821856

CHECK DATE

CHECK NO.
001132458

52-221311

PAY ONLY 751683 12

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TO BWC STATE INSURANCE FUND

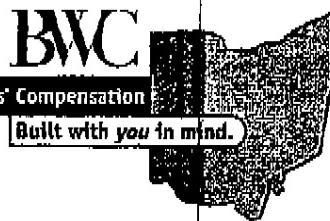
**Delphi Alternative Systems, Principal
Gedwick Claims Management Services, Inc., Agent
By:**

Wachovia, N.A. Bank

VOID AFTER 60-DAYS

0011324588 0031100225 20799500597030

12/14/2010 8:41AM



Bob Taft, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2816

Invoice/Statement

Online payment is quick and convenient. Log on to ohiabwc.com, and click on Ohio Employers, and then Accounts Receivable balance to pay your balance using a credit card or electronic funds transfer.

BWC may turn over balances not paid by the invoice due date to the Ohio Attorney General's office for collection. Please read the back of this invoice for additional information. For other employer information, call 1-800-OHIOBWC.

Para asistencia en Español, llame a
1-800-644-6292 opción 9.

Policy Information

Policy Number: Federal ID Number: Coverage Status:	20005212 38-3431131 ACTIVE	Invoice Number: Current Rating Plan:	75163301 Self Insured	Invoice Date: Due Date:	07/22/2006 08/31/2006
--	----------------------------------	---	--------------------------	----------------------------	--------------------------

Billing Summary

		Breakdown	Total
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions		\$761,683.12	\$761,683.12
Ending Balance:	BWC	\$761,683.12	\$761,683.12
		Received AUG 03 2006 DNBC	

Please see reverse side for Notes, Definitions and Glossary of Terms.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212 ✓	75163301 ✓	08/31/2006	\$761,683.12 ✓	\$ 761,683.12

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000075163301605000000076168312



Invoice Statement

Current Activity Detail

Bob Taft, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI AUTOMOTIVE SYSTEMS LLC
5725 DELPHI DR
TROY MI 48098-2815

Received

AUG 03 2006

Policy Number	Invoice Number
20005212	75163301
Invoice Date	Due Date
07/22/2006	08/31/2006

DNBC

Verified 51-40

Mandatory Surplus

Mandatory Surplus
 07/14/2006 01/01/06 to 06/30/06

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2004	Compensation	Rate		
4,221,020.35	✓	2,110,510.17	0.070600	\$149,002.02

Safety And Hygiene

Safety And Hygiene
 07/14/2006 01/01/06 to 06/30/06

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2004	Compensation	Rate		
4,221,020.35	✓	2,110,510.17	0.009800	\$20,683.00

Guaranty Fund General

Guaranty Fund General
 07/14/2006 01/01/06 to 06/30/06

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2004	Compensation	Rate		
4,221,020.35	✓	2,110,510.17	0.134900	\$284,707.80

BWC Administrative Cost

BWC Administrative Cost
 07/14/2006 01/01/06 to 06/30/06

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2004	Compensation	Rate		
4,221,020.35	✓	2,110,510.17	0.079000	\$166,730.30

IC Administrative Cost

IC Administrative Cost
 07/14/2006 01/01/06 to 06/30/06

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2004	Compensation	Rate		
4,221,020.35	✓	2,110,510.17	0.066600	\$140,559.80

Self-Insured Transactions TotalTOTAL MONTHLY ACTIVITY

\$761,683.11

SELF INSURED ASSESSMENT INFORMATION SHEET

Enclosed is the second (2nd) Invoice/Statement for Self Insured Assessments based on the calendar year 2004 paid compensation. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

<u>Assessment Description</u>		<u>FY Rate</u>	<u>Calendar Year Minimum Paid Compensation</u>	<u>Fiscal Year Minimum Assessment</u>
Surplus Fund (Mandatory)	SURPF	.0706	\$ 13,274.34	\$ 937.17
Administrative Cost Fund	BWC/ACF	.0790	\$ 13,274.34	\$ 1,048.67
Administrative Cost Fund	IC/ACF	.0666	\$ 13,274.34	\$884.07
Safety & Hygiene Fund	SANDH	.0098	\$ 13,274.34	\$ 130.09
Surplus Rehabilitation Fund	REHAB	.1300	\$ 13,274.34	\$ 1,725.66
Surplus Handicap Fund	HANDI	.2480	\$ 50,000.00	\$12,400.00
**Guaranty Fund	GFA	.1349	\$ 0.00	\$ 0.00

****Self Insuring employer guaranty fund** will be assessed for the calendar year 2004 and will be based on a rate of .1349. The guaranty fund is evaluated annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. For the first time since 1995, a guaranty fund assessment is being levied. No minimum balance applies to this assessment.

Disabled Workers' Relief Fund (DWRF) is assessed @ 100 % of the benefits paid to the claimant.

NOTE: For those employers granted self insurance during the first (1st) half of the calendar year 2005, your assessment was pro rated based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2004 and ends June 30, 2005.

PAYMENT INSTRUCTIONS:

1. The payment must be received by the close of business **August 31, 2006** to continue self-insured coverage.
2. Please write your policy number on your check to ensure BWC credits the proper account.
3. Make your check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your Invoice/Statement and mail it with your check in the enclosed self-addressed envelope to:

STATE INSURANCE FUND
BUREAU OF WORKERS' COMPENSATION
CORPORATE PROCESSING DEPARTMENT
COLUMBUS, OH 43271-0977

Overnight payment to:
BUREAU OF WORKERS' COMPENSATION
30 WEST SPRING ST LEVEL 26
ATTN: ROBERT ADAMS
COLUMBUS, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

ADDITIONAL INFORMATION:

Questions, protests or disputes regarding this assessment billing must be sent to the below address.

Ohio Bureau of Workers' Compensation, SIUS
Attn: Robert Adams
30 West Spring Street, L-26
Columbus, OH 43215-2256

Phone (614) 995-7629
Fax (614) 621-1044
Toll free in USA: 1-800-644-6292
Option 2, then 3

Questions, protests or disputes regarding DWRF eligibility, calculations, claimant social security changes or notification of claimant death, must be addressed to:

Ohio Bureau of Workers' Compensation
ATTN: DWRF UNIT
30 West Spring Street, L-10

Phone (614) 466-4610
Fax (614) 644-7152
Toll free in USA: 1-800-644-6292

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256



Bob Taft
Governor
ohiobwc.com

William E. Mabe
Administrator/CEO
1-800-OHIOBWC

July 2006

Dear SI employer:

Senate Bill 7 was recently passed by the Ohio legislature and as part of the bill, self insured employers that fail to **TIMELY** pay their **SEMI-ANNUAL** assessments will be assessed a **MINIMUM** penalty of five hundred dollars (\$500.00). **ADDITIONAL ASSESSMENTS MAY BE CHARGED ACCORDING TO THE FOLLOWING SCHEDULE:**

- 1) For an assessment from sixty-one to ninety days past due, the prime interest rate, multiplied by the assessment due;
- 2) For an assessment from ninety-one to one hundred twenty days past due; the prime interest rate plus two per cent, multiplied by the assessment due;
- 3) For an assessment from one hundred twenty-one to one hundred fifty days past due, the prime interest rate plus four per cent, multiplied by the assessment due;
- 4) For an assessment from one hundred fifty-one to one hundred eighty days past due, the prime interest rate plus six per cent, multiplied by the assessment due;
- 5) For an assessment from one hundred eighty-one to two hundred ten days past due, the prime interest rate plus eight per cent, multiplied by the assessment due;
- 6) For each additional thirty-day period or portion thereof that an assessment remains past due after it has remained past due for more than two hundred ten days, the prime interest rate plus eight per cent, multiplied by the assessment due.

For purposes of this division, "prime interest rate" means the average bank prime rate, and the administrator shall determine the prime interest rate in the same manner as a county auditor determines the average bank prime rate under section 929.02 of the Revised Code.

Should you have any questions regarding the new penalty rule, please do not hesitate to contact the Self Insured Department @ siinq@bwc.state.oh.us or call 1-800-OHIOBWC.

National Benefits Center
P O Box 5053
Southfield MI 48086-5053

DATE	CHECK AMT	CHECK NO.
2/16/2007	750,140.45	0012715183
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	1	

blablablablablablablablablablablablablablab

29

SEDGWICK CMS
ATTN: RAQUEL ORIEL/SHEILA GERARD
25330 TELEGRAPH RD STE 440
SOUTHFIELD, MI 48033-7460

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 750140.45	Description: State Assessment		
Amt Billed: 750140.45	Invoice: 80063083	ICN:	
Dates: 07/01/2006 - 12/31/2006	Comment: OH Assessment - Comp Yr 05 07-01-06 to 12-31-06		

Received
~~FEB 21 2007~~
~~DNBC~~
Received
~~FEB 22 2007~~
~~DNBC~~

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE-GREEN BACKGROUND PRINTED ON TRUE WATERMARK PAPER

Sedgwick Claims Management Services, Inc
on Behalf of Delphi Automotive Systems

ORIGIN
1821856

CHECK DATE: 2/16/2007 CHECK NO.: 0012715183

62-22/311

PAY ONLY ~~750140.45~~

LEVEN, FIVE ZERO ONE HUNDRED FORTY FIVE PERIOD FIVE ZERO

\$750,140.45

PAY *Seven Hundred Fifty Thousand One Hundred Forty And 45/100 Dollars*

TO BWC STATE INSURANCE FUND

Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc, Agent
BY *[Signature]*

VOID AFTER 60 DAYS

SIGNATURE HAS A BLUE-GREEN BACKGROUND & BORDER CONTAINS MICROPRINTING

Wachovia, N.A. Bank
Wilmington, DE

0012715183 1031100225 2079950059703**

12/14/2010 8:41AM

BWC

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Ted Strickland, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI CORPORATION
5725 DELPHI DR
TROY MI 48098-2815

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, and then Accounts Receivable balance to pay your balance using a credit card or electronic funds transfer.

BWC may turn over balances not paid by the invoice due date to the Ohio Attorney General's office for collection. Please read the back of this invoice for additional information. For other employer information, call 1-800-OHIOBWC.

Para asistencia en Español, llame a
1-800-644-6292 opción 9.

Policy Information

Policy Number:	20005212	Invoice Number:	80063083	Invoice Date:	01/20/2007
Federal ID Number:	38-3430473	Current Rating Plan:	Self Insured	Due Date:	02/28/2007
Coverage Status:	ACTIVE				

Billing Summary

		Breakdown	Total
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached			
Self-Insured Transactions		\$754,993.87	
Payment/Refund Transactions		\$4,853.42 cr	\$750,140.45
Ending Balance:	BWC	\$750,140.45	\$750,140.45
			RECEIVED
			FEB 01 2007
			DELPHI AUTOMOTIVE SYSTEMS EMPLOYEE BENEFITS
Received			
12-02-2007			
DNBC			

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy Number	Invoice Number	Due Date	Total Balance Due	Amount Remitted
20005212	80063083	02/28/2007	\$750,140.45	\$750,140.45

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000080063083705000000075014045



Better Workers' Compensation

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Current Activity Detail

Ted Strickland, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI CORPORATION
5725 DELPHI DR
TROY MI 48098-2815

	Policy Number	Invoice Number
Received	20005212	80063083
Invoice Date		Due Date
	01/20/2007	02/28/2007

DNBC

Mandatory Surplus**Mandatory Surplus**

01/17/2007 07/01/06 to 12/31/06

Transaction Total

Reported Comp for 2005	Paid	Billed Compensation	Rate	Balance
4,053,717.59		2,026,858.80	0.070600	143,096.23

\$143,096.23

Safety And Hygiene**Safety And Hygiene**

01/17/2007 07/01/06 to 12/31/06

Transaction Total

Reported Comp for 2005	Paid	Billed Compensation	Rate	Balance
4,053,717.59		2,026,858.80	0.009800	19,863.22

\$19,863.22

\$19,863.22

Guaranty Fund General**Guaranty Fund General**

01/17/2007 07/01/06 to 12/31/06

Transaction Total

Reported Comp for 2005	Paid	Billed Compensation	Rate	Balance
4,053,717.59		2,026,858.80	0.134900	273,423.25

\$273,423.25

\$273,423.25

BWC Administrative Cost**BWC Administrative Cost**

01/17/2007 07/01/06 to 12/31/06

Transaction Total

Reported Comp for 2005	Paid	Billed Compensation	Rate	Balance
4,053,717.59		2,026,858.80	0.082200	166,607.80

\$166,607.80

\$166,607.80

IC Administrative Cost**IC Administrative Cost**

01/17/2007 07/01/06 to 12/31/06

Transaction Total

Reported Comp for 2005	Paid	Billed Compensation	Rate	Balance
4,053,717.59		2,026,858.80	0.072600	147,149.95

\$147,149.95

\$147,149.95

Claim Expense Adjustment

12/27/2006

Transaction Total

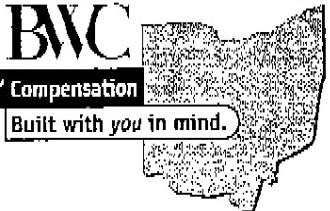
Self-Insured Transactions Total

Balance

4,853.42

\$4,853.42

\$754,993.87



Ted Strickland, Governor William E. Mabe, Administrator/CEO

ANTONIA WADE
DELPHI CORPORATION
5725 DELPHI DR
TROY MI 48098-2815

Policy Number	Invoice Number
20005212	80063083
Invoice Date	Due Date
01/20/2007	02/28/2007

Payment

12/19/2006

Balance

4,853.42 cr

Transaction Total

\$4,853.42 cr

Payment/Refund Transactions Total

\$4,853.42 cr

TOTAL MONTHLY ACTIVITY

\$750,140.45

**National Benefits Center
P O Box 5053
Southfield MI 48086-5053**

DATE	CHECK AMT	CHECK NO.
5/15/2007	506,491.28	0013429147
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 National Benefits Center	1	

[View Details](#) | [Edit](#) | [Delete](#)

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SEDGWICK CMS
ATTN: RAQUEL ORIEL/SHEILA GERARD
25330 TELEGRAPH RD STE 440
SOUTHFIELD, MI 48033-7460

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 506491.28	Description: State Assessment		
Amt Billed: 506491.28	Invoice: 82625916	ICN:	
Dates: 05/14/2007 - 05/14/2007	Comment: OH Assessemnt - Guaranty Fund High Risk		- 20005212

Questions about other Sedgwick CMS payments? Visit [sedgwickcms.com](#). Click on Provider Resources.

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE-GREEN BACKGROUND PRINTED ON TRUE WATERMARK PAPER.

Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems

ORIGIN
1821856

CHECK DATE
EAE/0003

CHECK NO.

63-77311

PAY ONLY 506491

PAYEE: Five Hundred Six Thousand Four Hundred Ninety One And 00/100 Dollars

\$506,491.28

TO BWC STATE INSURANCE FUND
THE ORDER
OF

**Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc., Agent**

Wachovia, N.A. Bank
Wilmington, DE

VOID AFTER 60 DAYS

БІОНАТУРНІ МАТЕРІАЛИ ЗАСТОВЛЕНІ В АРХЕОЛОГІЇ. ПОДАЧА ДОЧИКІ

13/11/2010 8:11:10M

BWC

Better Workers' Compensation

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Ted Strickland, Governor
 Tina Kielmeyer, Acting Administrator/CEO

ANTONIA WADE
DELPHI CORPORATION
5725 DELPHI DR.
TROY MI 48098-2815

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, and then Accounts Receivable balance to pay your balance using a credit card or electronic funds transfer.

BWC may turn over balances not paid by the invoice due date to the Ohio Attorney General's office for collection. Please read the back of this invoice for additional information. For other employer information, call 1-800-OHIOBWC

Para asistencia en Español, llame a
 1-800-644-6292 opción 9.

R E C E I V E D
MAY 05 2007

DELPHI AUTOMOTIVE SYSTEMS
 5725 DELPHI DR.
 TROY MI 48098-2815

Policy Information

Policy Number: **20005212**
 Federal ID Number: **38-3430473**
 Coverage Status: **ACTIVE**

Invoice Number: **82625916**
 Current Rating Plan: **Self Insured**

Invoice Date: **04/25/2007**
 Due Date: **05/23/2007**

Billing Summary

		<i>Breakdown</i>	<i>Total</i>
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions		\$506,491.28	\$506,491.28
Ending Balance:	BWC	\$506,491.28	\$506,491.28
		Received MAY 10 2007 DNBC	

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
 Please write your policy number on your check.

<i>Policy Number</i>	<i>Invoice Number</i>	<i>Due Date</i>	<i>Total Balance Due</i>	<i>Amount Remitted</i>
20005212	82625916	05/23/2007	\$506,491.28	\$ 506,491.28

Mail to:

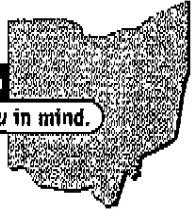
BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000082625916105000000050649128



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Ted Strickland, Governor
 Tina Kielmeyer, Acting Administrator/CEO

ANTONIA WADE
DELPHI CORPORATION
5725 DELPHI DR
TROY MI 48098-2815

Policy Number	Invoice Number
20005212	82625916
Invoice Date	Due Date
04/25/2007	05/23/2007

Guaranty Fund High Risk
 04/16/2007 — Review 2006
 04/17/2007 — Review 2005
 Transaction Total
 Self-Insured Transactions Total
 TOTAL MONTHLY ACTIVITY

Balance
263,268.22
243,223.06
\$506,491.28
\$506,491.28
\$506,491.28

69% of SI-40 Total

Received
 MAY 10 2007
 DNBC

Sedgwick Claims Management Services, Inc
 P.O. Box 14422
 Lexington KY 40512-4422

DATE	CHECK AMT	CHECK NO.
2/19/2008	589,501.43 ✓	0015708343
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	332000201	
SCMS UNIT	PAGE	
182 Sedgwick Claims Management Services	1	

94

SEDGWICK CMS
 ATTN: SHEILA GERARD
 25330 TELEGRAPH RD STE 440
 SOUTHFIELD, MI 48033-7460

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 589501.43	Description: State Assessment		
Amt Billed: 589501.43	Invoice: 89939350	ICN:	
Dates: 07/01/2007 - 12/31/2007	Comment: OH Assessment - 7/1/07 thru 12/31/07 - Delphi 2000.		

RECEIVED
 FEB 21 2008
 DNBC

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

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Sedgwick Claims Management Services, Inc
 on Behalf of Delphi Automotive Systems

ORIGIN
 1821856

CHECK DATE
 2/19/2008

CHECK NO.
 0015708343

PAY
 ONLY

\$589,501.43

PAY TO: Five Hundred Sixty-Nine Thousand Five Hundred One And 43/100 Dollars*

TO
 THE
 ORDER
 OF

Wachovia, N.A. Bank
 Wilmington, DE

Delphi Automotive Systems, Principal
 Sedgwick Claims Management Services, Inc., Agent
 BY:

VOID AFTER 60 DAYS

SIGNATURE HAS A BLUE-GREEN BACKGROUND & BORDER CONTAINS MICROPRINTER. MP

#0015708343# 1031100225# 2079950059703#
 02/21/2008 1:44PM



Ted Strickland, Governor
Marsha P. Ryan, Administrator

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Invoice/Statement

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, then Quick Pay to pay your balance using a credit card or electronic funds transfer. Notify BWC of policy updates via ohiobwc.com by clicking on Ohio Employers, then Demographic Information or by completing the appropriate policy update *Notification of Policy Update* (U-117) or *Notification of Business Acquisition/Merger/Purchase/Sale* (U-118). You can also call 1-800-OHIOBWC for employer information. Please note BWC processes invoices automatically. Therefore, BWC will not address any questions or updates you make on your invoice.

BWC may turn over balances not paid by the invoice due date to the Office of the Attorney General of Ohio for collection. Please read the back of this invoice for additional information.

Para asistencia en Espanol, llame a 1-800-644-6292 opcion 9.

Policy information

Policy number:	20005212	Invoice number:	89939350	Invoice date:	01/19/2008
Federal ID number:	38-3430473	Current rating plan:	Self Insured	Due date:	02/29/2008
Coverage status:	ACTIVE				

Billing summary

	Breakdown	Total
Outstanding Balance: BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$589,501.43	\$589,501.43
Ending Balance: BWC	\$589,501.43	\$589,501.43

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy number	Invoice number	Due date	Total balance due	Amount remitted
20005212	89939350	02/29/2008	\$589,501.43	\$589,501.43

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

Reminder - if you have not already reported your payroll and paid your premium for the period ending 12/31/2007, you must do so by 02/28/2008 to avoid a lapse in coverage.

20005212000000089939350105000000058950143

02/21/2008 1:44PM

12/14/2010 8:41AM

Invoice/Statement

Current Activity Detail



Ted Strickland, Governor
Marsha P. Ryan, Administrator

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy number	Invoice number
20005212	89939350 ✓
Invoice date	Due date
01/19/2008	02/29/2008

Mandatory Surplus

Mandatory Surplus
01/11/2008 07/01/07 to 12/31/07 ✓

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2006	Compensation	Rate		
4,367,803.62	2,193,901.81	0.045000		\$98,725.58

Safety And Hygiene

Safety And Hygiene
01/11/2008 07/01/07 to 12/31/07

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2006	Compensation	Rate		
4,367,803.62	2,193,901.81	0.009800		\$21,500.24

Guaranty Fund General

Guaranty Fund General
01/11/2008 07/01/07 to 12/31/07

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2006	Compensation	Rate		
4,367,803.62	2,193,901.81	0.052700		\$115,618.63

BWC Administrative Cost

BWC Administrative Cost
01/11/2008 07/01/07 to 12/31/07

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2006	Compensation	Rate		
4,367,803.62	2,193,901.81	0.082200		\$180,398.73

IC Administrative Cost

IC Administrative Cost
01/11/2008 07/01/07 to 12/31/07

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2006	Compensation	Rate		
4,367,803.62	2,193,901.81	0.079000		\$173,318.25

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$589,501.43

Self-Insured Assessment Information Sheet

Along with this information sheet, the Ohio Bureau of Workers' Compensation (BWC) has enclosed your first invoice/statement for the self-insured assessments for the 7-1-07 to 12-31-07 period based on compensation paid during the 2006 calendar year. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

Assessment description	Fiscal year rate	Calendar year minimum paid compensation	Fiscal year minimum assessment
Surplus Fund (mandatory)	SURPF	.0450	\$13,888.89
Administrative Cost Fund	BWC/ACF	.0822	\$ 13,888.89
Administrative Cost Fund	IC/ACF	.0790	\$ 13,888.89
Division of Safety & Hygiene Fund	SANDI	.0098	\$ 13,888.89
Surplus Rehabilitation Fund	REFAB	.1300	\$ 13,888.89
Surplus Handicap Fund	HANDI	.2480	\$ 13,888.89
Guaranty Fund*	GFA	.0527	\$ 0
Surplus Fund (Disallowed Claims Reimbursement)	CLMRE	.0236	\$ 0

*BWC assesses the self-insuring employer Guaranty Fund for the 2006 calendar year on a rate of 0.0527. BWC evaluates the Guaranty Fund annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. No minimum compensation applies to this assessment. In calculating the Disabled Workers' Relief Fund (DWRF), BWC assesses 100 percent of the benefits paid to the claimants.

NOTE: BWC prorated the assessment of employers granted self insurance during the second half of the 2007 calendar year based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2007, and ends June 30, 2008.

Payment instructions

1. BWC must receive your payment by the close of business Feb. 29, 2008, to continue your self-insured coverage.
2. Please write your policy number on your check to ensure BWC credits the proper account.
3. Make your check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your invoice/statement and mail it with your check in the enclosed self-addressed envelope to:

State Insurance Fund
Ohio Bureau of Workers' Compensation
Corporate Processing Department
Columbus, OH 43271-0977

Overnight payment to:
Ohio Bureau of Workers' Compensation
30 W. Spring St., 26th Floor
Attn: Robert Adams
Columbus, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

Additional information

Send questions, protests or disputes regarding this assessment billing to the address below.

Ohio Bureau of Workers' Compensation, SIUS
Attn: Robert Adams
30 W. Spring St., 26th Floor
Columbus, OH 43215-2256

Phone: (614) 995-7629
Fax: (614) 621-1044
Toll free: 1-800-OHIOBWC
(Press option 2, then 3)

Address any questions, protests or disputes regarding DWRF eligibility, calculations, claimant Social Security changes or notification of claimant death to:

Ohio Bureau of Workers' Compensation
Attn: DWRF Unit
30 W. Spring St., 10th Floor
Columbus, OH 43215-2256

Phone: (614) 466-4610
Fax: (614) 644-7152
Toll free in USA: 1-800-644-6292

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256



Ted Strickland
Governor
ohiobwc.com

Marsha P. Ryan
Administrator
1-800-OHIOBWC

January, 2008

Dear SI employer:

Senate Bill 7 was recently passed by the Ohio legislature and as part of the bill, self insured employers that fail to **TIMELY** pay their SEMI-ANNUAL assessments will be assessed a MINIMUM penalty of five hundred dollars (\$500.00). ADDITIONAL ASSESSMENTS MAY BE CHARGED ACCORDING TO THE FOLLOWING SCHEDULE:

- 1) For an assessment from sixty-one to ninety days past due, the prime interest rate, multiplied by the assessment due;
- 2) For an assessment from ninety-one to one hundred twenty days past due, the prime interest rate plus two per cent, multiplied by the assessment due;
- 3) For an assessment from one hundred twenty-one to one hundred fifty days past due, the prime interest rate plus four per cent, multiplied by the assessment due;
- 4) For an assessment from one hundred fifty-one to one hundred eighty days past due, the prime interest rate plus six per cent, multiplied by the assessment due;
- 5) For an assessment from one hundred eighty-one to two hundred ten days past due, the prime interest rate plus eight per cent, multiplied by the assessment due;
- 6) For each additional thirty-day period or portion thereof that an assessment remains past due after it has remained past due for more than two hundred ten days, the prime interest rate plus eight per cent, multiplied by the assessment due.

For purposes of this division, "prime interest rate" means the average bank prime rate, and the administrator shall determine the prime interest rate in the same manner as a county auditor determines the average bank prime rate under section 929.02 of the Revised Code.

Should you have any questions regarding the new penalty rule, please do not hesitate to contact the Self Insured Department @ sinaq@bwc.state.oh.us or call 1-800-OHIOBWC.

Sedgwick Claims Management Services, Inc
P.O. Box 14422
Lexington KY 40512-4422

DATE	CHECK AMT	CHECK NO.
05/14/2008	145,267.40	0016603690

PAYEE	TAX ID
BWC STATE INSURANCE FUND	332000201

SCMS UNIT	PAGE
182 Sedgwick Claims Management Services	001

*000090 0016603690 00016 OF 00036 OAM 080514 1018

SEDGWICK CMS
25330 TELEGRAPH ROAD - STE 440
ATTN: SHEILA GERARD
SOUTHFIELD, MI 48033

RECEIVED
MAY 16 2008
DNBC

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 145267.40 Description: State Assessment
Amt Billed: 145267.40 Invoice: 92696778 ICN:
Dates: 05/13/2008 - 05/13/2008 Comment: Ohio Guaranty Fund High Risk Assessment - Delphi 2000

uestions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.PRM (02-28-01)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL-REACTIVE PAPER WITH MICROPRINTED WATERSHED. DO NOT CASH IF THE WORD VOID IS VISIBLE.

Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems

ORIGIN DATE CHECK NO. 62-22
1821859 05/14/2008 0016603690 311

PAY ONLY **145267.40**

000090 00000 00000 0016603690 00016 OF 00036 OAM 080514 1018

PAY *ONE HUNDRED FORTY FIVE THOUSAND TWO HUNDRED SIXTY*
SEVEN AND 40/100 DOLLARS

TO BWC STATE INSURANCE FUND

THE
ORDER
OF

Machovia, N.A. Bank
Wilmington, DE

VOID AFTER 60 DAYS

Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc. Agent
BY:



This document contains a true watermark. Do not cash if the watermark is not visible. See reverse side for complete features.

0016603690 1031100225 2079950059 703

12/14/2010 8:41AM

Invoice/Statement

Ted Strickland, Governor
Marsha P. Ryan, Administrator

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, then Quick Pay to pay your balance using a credit card or electronic funds transfer. Notify BWC of policy updates via ohiobwc.com by clicking on Ohio Employers, then Demographic Information or by completing the appropriate policy update *Notification of Policy Update* (U-117) or *Notification of Business Acquisition/Merger/Purchase/Sale* (U-118). You can also call 1-800-OHIOBWC for employer information. Please note BWC processes invoices automatically. Therefore, BWC will not address any questions or updates you make on your invoice.

BWC may turn over balances not paid by the invoice due date to the Office of the Attorney General of Ohio for collection. Please read the back of this invoice for additional information.

Para asistencia en Espanol, llame a 1-800-644-6292 opcion 9.

Policy information

Policy number:	20005212	Invoice number:	92696778	Invoice date:	04/28/2008
Federal ID number:	38-3430473	Current rating plan:	Self Insured	Due date:	05/26/2008
Coverage status:	ACTIVE				

Billing summary

		Breakdown	Total
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached			
Self-Insured Transactions		\$145,267.40	\$145,267.40
Ending Balance:	BWC	\$145,267.40	\$145,267.40

Please see reverse side for Notes, Definitions and Glossary of Terms.

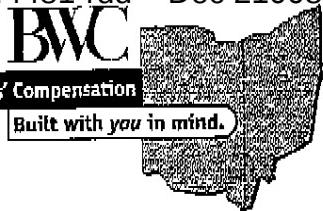
Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy number	Invoice number	Due date	Total balance due	Amount remitted
20005212	92696778	05/26/2008	\$145,267.40	\$

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000092696778505000000014526740

Current Activity Detail

Ted Strickland, Governor
Marsha P. Ryan, Administrator

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy number	Invoice number
20005212	92696778
Invoice date	Due date
04/28/2008	05/26/2008

Guaranty Fund High Risk

04/07/2008

Balance

Transaction Total	\$145,267.40
Self-Insured Transactions Total	\$145,267.40
TOTAL MONTHLY ACTIVITY	\$145,267.40

Sedgwick Claims Management Services, Inc.
P.O. Box 14422
Lexington KY 40512-4422

DATE	CHECK AMT	CHECK NO.
08/25/2008	589,501.41	0017719288
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	*****0201	

SCMS UNIT	PAGE
182 Sedgwick Claims Management Services	001

*0000095 0017719288 00063 QF 00065 0AM 080825 1004

SEDGWICK CMS
25330 TELEGRAPH ROAD - SUITE 440
ATTN: SHEILA GERARD / KIM PRONOVICH
SOUTHFIELD, MI 48033

RECEIVED

AUG 27 2008

DNBC

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 589501.41 Description: State Assessment
Amt Billed: 589501.41 Invoice: 95059731 ICN:
Dates: 01/01/2008 - 06/30/2008 Comment: Ohio Semi Annual Assessment 1/1/08 - 6/30/08 - 200052

uestions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

Sedgwick Claims Management Services, Inc.
On Behalf of Delphi Automotive Systems

ORIGIN
1871856

DATE
08/25/2008

CHECK NO.

62-22

000095 00000 00000 0017719288 00063 OF 00065 OAM 080825 1004

PAY *FIVE HUNDRED EIGHTY NINE THOUSAND FIVE HUNDRED*
ONE AND 41/100 DOLLARS

TO BWC STATE INSURANCE FUND

Delphi Automotive Systems, Principal
Sadgwick Climate Management Services, Inc, Agent
BY:

Wachovia, N.A. Bank
Wilmington, DE

VOTE AFTER 60 DAYS

Jill
EB A-1

0017719288 031100225 2079950059203 12/14/2010 8:41AM

Invoice/Statement**BWC**

Better Workers' Compensation

Built with you in mind.

Ted Strickland, Governor
Marsha P. Ryan, Administrator

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JUL 29 2008
DNBC

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, then Quick Pay to pay your balance using a credit card or electronic funds transfer. Notify BWC of policy updates via ohiobwc.com by clicking on Ohio Employers, then Demographic Information or by completing the appropriate policy update *Notification of Policy Update* (U-117) or *Notification of Business Acquisition/Merger/Purchase/Sale* (U-118). You can also call 1-800-OHIOBWC for employer information. Please note BWC processes invoices automatically. Therefore, BWC will not address any questions or updates you make on your invoice.

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Para asistencia en Espanol, llame a 1-800-644-6292 opcion 9.

Policy information

Policy number:	20005212	Invoice number:	95059731	Invoice date:	07/22/2008
Federal ID number:	38-3430473	Current rating plan:	Self Insured	Due date:	08/31/2008
Coverage status:	ACTIVE				

Billing summary

	<i>Breakdown</i>	<i>Total</i>
Outstanding Balance: BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions	\$589,501.41	\$589,501.41
Ending Balance: BWC	\$589,501.41	\$589,501.41

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy number	Invoice number	Due date	Total balance due	Amount remitted
20005212	95059731	08/31/2008	\$589,501.41	\$ 589,501.41

Mail to:

BWC State Insurance Fund
 Corporate Processing Dept.
 Columbus, OH 43271-0977

20005212000000095059731605000000058950141

NOTE: Failure to pay the balance due may result in further action. Failure to pay may also impact your coverage, your acceptance into alternative rating programs or your ability to qualify for self-insurance.

Account balances

Appealed - Amount formally disputed by an employer

Attorney general - Delinquent amount certified to the Office of the Attorney General of Ohio for collection.

BWC balance - Amount due to or from BWC

Coverage status

Active - BWC insurance coverage in force

Combined - BWC policy has been transferred into a successor policy

Canceled - BWC insurance coverage canceled or no longer in force

apsed - BWC insurance coverage not in force due to non-payment of premium

No coverage - Employer has not filed for BWC insurance coverage or BWC insurance is not in force.

Reinstated - BWC insurance coverage back in force after a period of coverage lapse

'total experience-only transfer - Transfer of BWC rate experience to a successor policy

Billing descriptions/Terms

Audit adjustment - Bill or credit generated as the result of a premium audit.

Attorney general (AG) interest - Interest billed as a result of past-due premiums that are certified to the AG.

Class code - The code number assigned to a manual classification. RN stands for Regular NCCI. SN stands for Elective NCCI. RS stands for Regular BWC. SS stands for Elective BWC.

Invoice date/Due date - The Invoice and Due dates do NOT apply to payroll (current or non-current) balances. The due date identified on your original payroll reports applies to your payroll balance. If you do not pay your premium by the payroll due date, your coverage may lapse and you may incur late payment penalties.

'ayroll current - Payroll reported timely

'ayroll non-current - Payroll reported after the due date

estimated payroll - Amount estimated by BWC because of an employer's failure to report actual payroll.

on-compliance claim - Billings related to claims occurring when coverage is not in force

avroll adjustment - Premium billed due to changes in payroll (excluding audit adjustments)

penalties - Amount charged for late filing or late payment of premiums.

premium cap - Limit placed on the increase allowed if the NCCI manual class premium is greater than the BWC manual class premium.

ato adjustment - Premium changes due to rating plan participation, payroll changes, claims cost changes or other events that alter an employer's experience modifier.

premium security deposit - Funds required and held by BWC as a deposit. (\$1,000 maximum)

prior to coverage - Premiums due based on wages paid by an employer prior to the effective date of coverage.

retrospective rating - Program in which the employer agrees to assume a portion of the claims liability for a possible future reduction in premiums.

Credit Card Payment Information

<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> AMEX	
<input type="text"/>					
Credit card account no.					
<input type="text"/> Amount to be paid			<input type="text"/> Expiration date		
<input type="text"/> Date					
<input type="text"/> Signature					
<input type="text"/> Print name as it appears on credit card					
<input type="checkbox"/> Bank <input type="checkbox"/> Use <input type="checkbox"/> Only					



Better Workers' Compensation

Built with you in mind.

Ted Strickland, Governor
 Marsha P. Ryan, Administrator

DELPHI CORPORATION
 PO BOX 5060
 SOUTHFIELD MI 48086-5060

RECEIVED

11/29/2008

DNBC

Policy number	Invoice number
20005212	95059731
Invoice date	Due date
07/22/2008	08/31/2008

Mandatory Surplus**Mandatory Surplus**

07/18/2008 01/01/08 to 06/30/08

Transaction Total

Reported Comp for 2006	Paid Compensation	Billed Rate	Balance
4,387,803.62	2,193,901.81	0.045000	\$88,725.58

\$88,725.58

Safety And Hygiene**Safety And Hygiene**

07/18/2008 01/01/08 to 06/30/08

Transaction Total

Reported Comp for 2006	Paid Compensation	Billed Rate	Balance
4,387,803.62	2,193,901.81	0.009800	\$21,500.24

\$21,500.24

\$21,500.24

Guaranty Fund General**Guaranty Fund General**

07/18/2008 01/01/08 to 06/30/08

Transaction Total

Reported Comp for 2006	Paid Compensation	Billed Rate	Balance
4,387,803.62	2,193,901.81	0.052700	\$115,618.62

\$115,618.62

\$115,618.62

BWC Administrative Cost**BWC Administrative Cost**

07/18/2008 01/01/08 to 06/30/08

Transaction Total

Reported Comp for 2006	Paid Compensation	Billed Rate	Balance
4,387,803.62	2,193,901.81	0.082200	\$180,338.73

\$180,338.73

\$180,338.73

IC Administrative Cost**IC Administrative Cost**

07/18/2008 01/01/08 to 06/30/08

Transaction Total

Reported Comp for 2006	Paid Compensation	Billed Rate	Balance
4,387,803.62	2,193,901.81	0.079000	\$173,318.24

\$173,318.24

\$173,318.24

Self-Insured Transactions Total**TOTAL MONTHLY ACTIVITY**

\$589,501.41

\$589,501.41

Pg 70 of 81
Self-Insured Assessment Information Sheet

Along with this information sheet, the Ohio Bureau of Workers' Compensation (BWC) has enclosed your second invoice/statement for the self-insured assessments for the 01/01/08 to 06/30/08 period based on compensation paid during the 2006 calendar year. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

RECEIVED
JUL 29 2008

Assessment description	Fiscal year rate	Calendar year minimum paid compensation	Fiscal year minimum assessment
Surplus Fund (mandatory)	SURPF .0450	\$13,888.89	\$625.00
Administrative Cost Fund	BWC/ACF .0822	\$ 13,888.89	\$ 1,141.67
Administrative Cost Fund	IC/ACF .0790	\$ 13,888.89	\$1,097.22
Division of Safety & Hygiene Fund	SANDH .0098	\$ 13,888.89	\$ 136.11
Surplus Rehabilitation Fund	REHAB .1300	\$ 13,888.89	\$ 1,805.56
Surplus Handicap Fund	HANDI .2480	\$ 13,888.89	\$3,444.44
Guaranty Fund*	GFA .0527	\$ 0	\$ 0
Surplus Fund (Disallowed Claims Reimbursement)	CLMRE .0236	\$0	\$ 0

*BWC assesses the self-insuring employer Guaranty Fund for the 2006 calendar year on a rate of 0.0527. BWC evaluates the Guaranty Fund annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. No minimum compensation applies to this assessment. In calculating the Disabled Workers' Relief Fund (DWRF), BWC assesses 100 percent of the benefits paid to the claimants.

NOTE: BWC prorated the assessment of employers granted self insurance during the second half of the 2007 calendar year based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2007, and ends June 30, 2008.

Payment instructions

1. BWC must receive your payment by the close of business Aug. 31, 2008, to continue your self-insured coverage.
2. Please write your policy number on your check to ensure BWC credits the proper account.
3. Make your check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your invoice/statement and mail it with your check in the enclosed self-addressed envelope to:

State Insurance Fund
Ohio Bureau of Workers' Compensation
Corporate Processing Department
Columbus, OH 43271-0977

Overnight payment to:
Ohio Bureau of Workers' Compensation
30 W. Spring St., 26th Floor
Attn: Robert Adams
Columbus, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.

Additional information

Send questions, protests or disputes regarding this assessment billing to the address below.

Ohio Bureau of Workers' Compensation SIUS
Attn: Robert Adams
30 W. Spring St. 26th Floor
Columbus, OH 43215-2256

Phone: (614) 995-7629
Fax: (614) 621-1044
Toll free: 1-800-OHIOWBC
(Press option 2, then 3)

Address any questions, protests or disputes regarding DWRF eligibility, calculations, claimant Social Security changes or notification of claimant death to:

Ohio Bureau of Workers' Compensation
Attn: DWRF Unit
30 W. Spring St., 10th Floor
Columbus, OH 43215-2256

Phone: (614) 466-4610
Fax: (614) 644-7152
Toll free in USA: 1-800-644-6292

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256



Ted Strickland
Governor
ohiobwc.com

Marsha P. Ryan
Administrator
1-800-OHIOBWC

RECEIVED
JUL 29 2008
DNBC

July, 2008

Dear SI employer:

Senate Bill 7 was recently passed by the Ohio legislature and as part of the bill, self insured employers that fail to **TIMELY** pay their **SEMI-ANNUAL** assessments will be assessed a **MINIMUM** penalty of five hundred dollars (\$500.00). **ADDITIONAL ASSESSMENTS MAY BE CHARGED ACCORDING TO THE FOLLOWING SCHEDULE:**

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For purposes of this division, "prime interest rate" means the average bank prime rate, and the administrator shall determine the prime interest rate in the same manner as a county auditor determines the average bank prime rate under section 929.02 of the Revised Code.

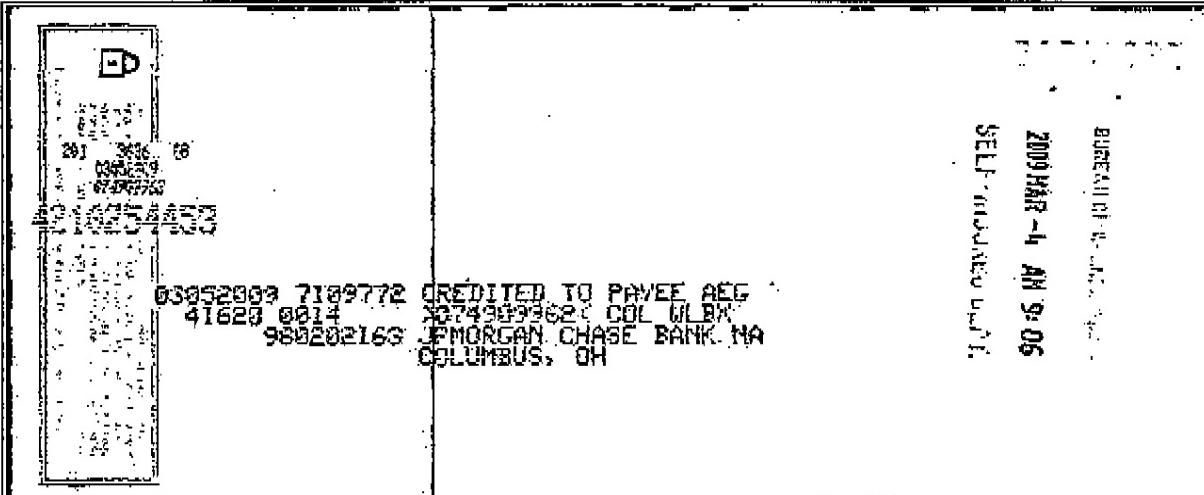
Should you have any questions regarding the new penalty rule, please do not hesitate to contact the Self Insured Department @ siiq@bwc.state.oh.us or call 1-800-OHIOBWC.

Account	Serial Number	Date	Amount
2079950059703	19375259	03/06/2009	\$333,630.82

Front Image

Sedgwick Claims Management Services, Inc on Behalf of Delphi Automotive Systems		ORIGIN 1821886	DATE 03/02/2009	CHECK NO. 0019375259	52-22 911
<i>PIT 2000 5212-0</i>					
PAY ONLY 333630					
000059 00000 00000 0014375259 DATE OF 00102 0AM 000321 075 PAY *THREE HUNDRED THIRTY THREE THOUSAND SIX HUNDRED* *THIRTY AND 82/100 DOLLARS*					
<p>TO BWC STATE INSURANCE FUND THE OHIO BUREAU OF WORKERS' COMPENSATION ORDER OF</p> <p>Yachowicz, N.R. - Agent Valmonte, DE</p> <p>VOID AFTER 60 DAYS</p>  <p>333630</p>					
<p>Delphi Automotive Systems, Principal Regional Claims Management Services, Inc., Agent BWC</p> <p>333630</p>					

Back Image



Wachovia certifies that the above image accurately represents the physical item from which it was produced.

Check #
19375259
3/2/09

Invoice/Statement



Online payment is quick and convenient. Log on to ohiobw.com, and click on Ohio Employers, then Quick Pay to pay your balance using a credit card or electronic funds transfer. Notify BWC of policy updates via ohiobw.com by clicking on Ohio Employers, then Demographic Information or by completing the appropriate policy update Notification of Policy Update (U-117) or Notification of Business Acquisition/Merger/Purchase/Sale (U-118). You can also call 1-800-OHIOBWC for employer information. Please note BWC processes invoices automatically. Therefore, BWC will not address any questions or updates you make on your invoice.

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

BWC may turn over balances not paid by the invoice due date to the Office of the Attorney General of Ohio for collection.

Please read the back of this invoice for additional information.

Para asistencia en Espanol, llame a 1-800-644-6292 opcion 9.

Policy information

Policy number:	20005212	Invoice number:	100100276	Invoice date:	01/16/2009
Federal ID number:	38-3430473	Current rating plan:	Self Insured	Due date:	02/28/2009
Coverage status:	ACTIVE				

Billing summary

		Breakdown	Total
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached Self-Insured Transactions		\$333,630.82	\$333,630.82
Ending Balance:	BWC	\$333,630.82	\$333,630.82

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.

Please write your policy number on your check.

Policy number	Invoice number	Due date	Total balance due	Amount remitted
20005212	100100276	02/28/2009	\$333,630.82	\$_____

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000100100276105000000033363082

NOTE: Failure to pay the balance due may result in further action. Failure to pay may also impact your coverage, your acceptance into alternative rating programs or your ability to qualify for self-insurance.

Account balances

Appealed - Amount formally disputed by an employer

Attorney general - Delinquent amount certified to the Office of the Attorney General of Ohio for collection

BWC balance - Amount due to or from BWC

Coverage status

Active - BWC insurance coverage in force

Combined - BWC policy has been transferred into a successor policy

Canceled - BWC insurance coverage canceled or no longer in force

Lapsed - BWC insurance coverage not in force due to non-payment of premium

No coverage - Employer has not filed for BWC insurance coverage or BWC insurance is not in force

Reinstated - BWC insurance coverage back in force after a period of coverage lapse

Total experience-only transfer - Transfer of BWC rate experience to a successor policy

Billing descriptions/Terms

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Estimated payroll - Amount estimated by BWC because of an employer's failure to report actual payroll

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Payroll adjustment - Premium billed due to changes in payroll (excluding audit adjustments)

Penalties - Amount charged for late filing or late payment of premiums

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Rate adjustment - Premium changes due to rating plan participation, payroll changes, claims cost changes or other events that alter an employer's experience modifier.

Premium security deposit - Funds required and held by BWC as a deposit. (\$1,000 maximum)

Prior to coverage - Premiums due based on wages paid by an employer prior to the effective date of coverage

Retrospective rating - Program in which the employer agrees to assume a portion of the claims liability for a possible future reduction in premiums

Credit Card Payment Information

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX
Credit card account no. _____		
Amount to be paid _____		Expiration date _____
Date _____		
Signature _____		
Print name as it appears on credit card _____		
		Bank Use Only



Bureau of Workers'
Compensation
30 W. Spring St.
Columbus, OH 43216-2256

Governor Ted Strickland
Administrator Marsha P. Ryan
ohiobwc.com
1-800-OHIOBWC

January, 2009

Dear SI employer:

Senate Bill 7 was recently passed by the Ohio legislature and as part of the bill, self insured employers that fail to **TIMELY** pay their **SEMI-ANNUAL** assessments will be assessed a **MINIMUM** penalty of five hundred dollars (\$500.00). **ADDITIONAL ASSESSMENTS MAY BE CHARGED ACCORDING TO THE FOLLOWING SCHEDULE:**

- 1) For an assessment from sixty-one to ninety days past due, the prime interest rate, multiplied by the assessment due;
- 2) For an assessment from ninety-one to one hundred twenty days past due, the prime interest rate plus two per cent, multiplied by the assessment due;
- 3) For an assessment from one hundred twenty-one to one hundred fifty days past due, the prime interest rate plus four per cent, multiplied by the assessment due;
- 4) For an assessment from one hundred fifty-one to one hundred eighty days past due, the prime interest rate plus six per cent, multiplied by the assessment due;
- 5) For an assessment from one hundred eighty-one to two hundred ten days past due, the prime interest rate plus eight per cent, multiplied by the assessment due;
- 6) For each additional thirty-day period or portion thereof that an assessment remains past due after it has remained past due for more than two hundred ten days, the prime interest rate plus eight per cent, multiplied by the assessment due.

For purposes of this division, "prime interest rate" means the average bank prime rate, and the administrator shall determine the prime interest rate in the same manner as a county auditor determines the average bank prime rate under section 929.02 of the Revised Code.

Should you have any questions regarding the new penalty rule, please do not hesitate to contact the Self Insured Department @ sing@bwc.state.oh.us or call 1-800-OHIOBWC.

Invoice/Statement

Ohio

Bureau of Workers'
Compensation

Current Activity Detail

DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy number	Invoice number
20005212	100100276
Invoice date	Due date
01/16/2009	02/28/2009

Mandatory Surplus

Mandatory Surplus

01/09/2009 07/01/08 to 12/31/08

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2007	Compensation	Rate		
2,421,123.35	1,210,561.68	0.045000		\$54,475.28

Safety And Hygiene

Safety And Hygiene

01/09/2009 07/01/08 to 12/31/08

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2007	Compensation	Rate		
2,421,123.35	1,210,561.68	0.009800		\$11,863.51

Guaranty Fund General

Guaranty Fund General

01/09/2009 07/01/08 to 12/31/08

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2007	Compensation	Rate		
2,421,123.35	1,210,561.68	0.052700		\$63,786.60

BWC Administrative Cost

BWC Administrative Cost

01/09/2009 07/01/08 to 12/31/08

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2007	Compensation	Rate		
2,421,123.35	1,210,561.68	0.084700		\$102,534.58

IC Administrative Cost

IC Administrative Cost

01/09/2009 07/01/08 to 12/31/08

Transaction Total

Reported	Paid	Billed		Balance
Comp for 2007	Compensation	Rate		
2,421,123.35	1,210,561.68	0.083400		\$100,960.85

Self-Insured Transactions Total

TOTAL MONTHLY ACTIVITY

\$333,630.82

\$333,630.82

Sedgwick Claims Management Services, Inc
P.O. Box 14422
Lexington KY 40512-4422

RECEIVED

AUG 03 2009

DNBC

DATE	CHECK AMT	CHECK NO.
07/30/2009	333,630.78	0021250517
PAYEE	TAX ID	
BWC STATE INSURANCE FUND	*****0201	
SCMS UNIT	PAGE	
182 Sedgwick Claims Management Services	001	

000095 0021250517 00043 OF 00083 0AM 090730 1016

SEDGWICK CMS
25330 TELEGRAPH ROAD - SUITE 440
ATTN: TAKELA HARRIS/SHEILA GERARD
SOUTHFIELD, MI 48033

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 333630.78 Amt Billed: 333630.78 Dates: 01/01/2009 - 06/30/2009	Description: State Assessment Invoice: 105234491 Comment: Delphi - OH semi-annual assessment - 20005212	ICN:	

uestions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

ORIGINAL DOCUMENT IS PRINTED ON ENCRYPTIONAL RECEIPTING PAPER WITH HIGHLY UNCLONED SECURITY. DO NOT COPY IF THE WORD VOID IS VISIBLE.

Sedgwick Claims Management Services, Inc.
on Behalf of Delphi Automotive Systems

ORIGIN
1821856

DATE
07/30/2009

CHECK NO.
0021250517

62-22
311

PAY ONLY 333630.78

000095 00000 00000 0021250517 00043 OF 00083 0AM 090730 1016

PAY *THREE HUNDRED THIRTY THREE THOUSAND SIX HUNDRED*
THIRTY AND 78/100 DOLLARS

TO BWC STATE INSURANCE FUND

THE

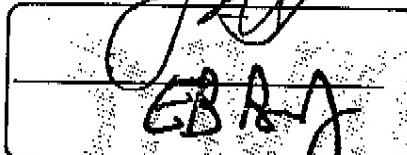
ORDER

OF

Wachovia, N.A. Bank
Wilmington, DE

VOID AFTER 60 DAYS

Delphi Automotive Systems, Principal
Sedgwick Claims Management Services, Inc., Agent
BY: *[Signature]*



DOCUMENT CONTAINS A TRUE WATERMARK. DO NOT COPY IF THE WATERMARK IS NOT VISIBLE. SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES.

0021250517 0311002251 20799500597031

Ohio

**Bureau of Workers'
Compensation**

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JUL 28 2009
DNBC

MARK FRAYLICK
DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Online payment is quick and convenient. Log on to ohiobwc.com, and click on Ohio Employers, then Quick Pay to pay your balance using a credit card or electronic funds transfer. Notify BWC of policy updates via ohiobwc.com by clicking on Ohio Employers, then Demographic Information or by completing the appropriate policy update Notification of Policy Update (U-117) or Notification of Business Acquisition/Merger/Purchase/Sale (U-118). You can also call 1-800-OHIOBWC for employer information. Please note BWC processes invoices automatically. Therefore, BWC will not address any questions or updates you make on your invoice.

BWC may turn over balances not paid by the invoice due date to the Office of the Attorney General of Ohio for collection. Please read the back of this invoice for additional information.

Para asistencia en Espanol, llame a 1-800-644-6292 opcion 9.

Policy information

Policy number:	20005212	Invoice number:	105234491	Invoice date:	07/17/2009
Federal ID number:	38-3430473	Current rating plan:	Self Insured	Due date:	08/31/2009
Coverage status:	ACTIVE				

Billing summary

		Breakdown	Total
Outstanding Balance:	BWC	\$0.00	\$0.00
Current Activity - Detail Attached			
Self-Insured Transactions		\$333,630.78	\$333,630.78
Ending Balance:	BWC	\$333,630.78	\$333,630.78

Please see reverse side for Notes, Definitions and Glossary of Terms.

Please detach and return with your check payable to the Ohio Bureau of Workers' Compensation. Do not staple your check to the invoice.
Please write your policy number on your check.

Policy number	Invoice number	Due date	Total balance due	Amount remitted
20005212	105234491	08/31/2009	\$333,630.78	\$ _____

Mail to:

BWC State Insurance Fund
Corporate Processing Dept.
Columbus, OH 43271-0977

20005212000000105234491005000000033363078

Ohio

Bureau of Workers'
Compensation

RECEIVED

Current Activity Detail

JUL 28 2009
DNBC

MARK FRAYLICK
DELPHI CORPORATION
PO BOX 5060
SOUTHFIELD MI 48086-5060

Policy number	Invoice number
20005212	105234491
Invoice date	Due date
07/17/2009	08/31/2009

Mandatory Surplus
07/07/2009 01/01/09 to 06/30/09
Transaction Total

Reported Paid	Billed		Balance
Comp for 2007	Compensation	Rate	
2,421,123.35	1,210,561.67	0.045000	\$54,475.27
			\$54,475.27

Safety And Hygiene
07/07/2009 01/01/09 to 06/30/09
Transaction Total

Reported Paid	Billed		Balance
Comp for 2007	Compensation	Rate	
2,421,123.35	1,210,561.67	0.009800	\$11,863.50
			\$11,863.50

Guaranty Fund General
07/07/2009 01/01/09 to 06/30/09
Transaction Total

Reported Paid	Billed		Balance
Comp for 2007	Compensation	Rate	
2,421,123.35	1,210,561.67	0.052700	\$63,796.60
			\$63,796.60

BWC Administrative Cost
07/07/2009 01/01/09 to 06/30/09
Transaction Total

Reported Paid	Billed		Balance
Comp for 2007	Compensation	Rate	
2,421,123.35	1,210,561.67	0.084700	\$102,534.57
			\$102,534.57

IC Administrative Cost
07/07/2009 01/01/09 to 06/30/09
Transaction Total
Self-Insured Transactions Total

Reported Paid	Billed		Balance
Comp for 2007	Compensation	Rate	
2,421,123.35	1,210,561.67	0.083400	\$100,960.84
			\$100,960.84
			\$333,630.78
			\$333,630.78

TOTAL MONTHLY ACTIVITY

Along with this information sheet, the Ohio Bureau of Workers' Compensation (BWC) has enclosed your second invoice/statement for the self-insured assessments based on compensation paid during the 2007 calendar year. Below you will find the annual fiscal year (FY) rates, the minimum reportable paid compensation and other important information.

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JUL 28 2009

Assessment description	Fiscal year rate	Calendar year minimum paid compensation	Fiscal year minimum assessment	DNBC
Surplus Fund (mandatory)	SURPF	.0450	\$13,458.95	\$605.65
Administrative Cost Fund	BWC/ACF	.0847	\$ 13,458.95	\$ 1,139.97
Administrative Cost Fund	IC/ACF	.0834	\$ 13,458.95	\$1,122.48
Division of Safety & Hygiene Fund	SANDH	.0098	\$ 13,458.95	\$ 131.90
Surplus Rehabilitation Fund	REHAB	.1300	\$ 13,458.95	\$ 1,749.66
Surplus Handicap Fund	HANDI	.2480	\$ 13,458.95	\$3,337.82
Guaranty Fund*	GFA	.0527	\$ 0	\$ 0
Surplus Fund (Disallowed Claims	CLMRE	.0285	\$ 0	\$ 0

Reimbursement)

*BWC assesses the self-insuring employer Guaranty Fund for the 2007 calendar year on a rate of 0.0527. BWC evaluates the Guaranty Fund annually for assessment to ensure a minimum balance and to guarantee payments of claims against the fund. No minimum balance applies to this assessment. In calculating the Disabled Workers' Relief Fund (DWRF), BWC assesses 100 percent of the benefits paid to the claimants.

NOTE: BWC prorated the assessment of employers granted self insurance during the first half of the 2008 calendar year based on the number of days remaining in the state fiscal year. The current state fiscal year began July 1, 2008, and ends June 30, 2009.

Payment instructions

1. BWC must receive your payment by the close of business Aug. 31, 2009, to continue your self-insured coverage.
2. Please write your policy number on your check to ensure BWC credits the proper account.
3. Make your check payable to Ohio Bureau of Workers' Compensation.
4. Detach the bottom portion of your invoice/statement and mail it with your check in the enclosed self-addressed envelope to:



State Insurance Fund
Ohio Bureau of Workers' Compensation
Corporate Processing Department
Columbus, OH 43271-0977

Overnight payment to:
Ohio Bureau of Workers' Compensation
30 W. Spring St., 27th Floor
Attn: Robert Adams
Columbus, OH 43215-2256

5. Keep the billing and the claims payment detail (if applicable) for your records.
6. For faster service, you may make your payment online @ www.ohiobwc.com.

Additional information

Send questions, protests or disputes regarding this assessment billing to the address below.

Ohio Bureau of Workers' Compensation, SIUS
Attn: Robert Adams
30 W. Spring St., 26th Floor
Columbus, OH 43215-2256

Phone: (614) 995-7629
Fax: (614) 621-1044
Toll free: 1-800-OHIOWBC
(Press option 2, then 3)

Address any questions, protests or disputes regarding DWRF eligibility, calculations, claimant Social Security chan
Ohio Bureau of Workers' Compensation
Attn: DWRF Unit
30 W. Spring St., 10th Floor
Columbus, OH 43215-2256

Phone: (614) 644-6292
Fax: (614) 644-7152
Toll free in USA: 1-800-644-6292

Ohio Bureau of Workers' Compensation
30 W. Spring St.
Columbus, OH 43215-2256



Ted Strickland
Governor
ohiobwc.com

Marsha P. Ryan
Administrator
1-800-OHIOBWC

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JUL 28 2009

DNBC

July, 2009

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